

**ASRS Database Report Set**

**Emergency Medical Service Incidents**

---

Report Set Description.....A sampling of reports concerning Emergency Medical Service (EMS) incidents.

Update Number.....24

Date of Update .....March 7, 2024

Number of Records in Report Set.....50

Records within this Report Set have been screened to assure their relevance to the topic.

National Aeronautics and  
Space Administration

**Ames Research Center**  
Moffett Field, CA 94035-1000



TH: 262-7

**MEMORANDUM FOR: Recipients of Aviation Safety Reporting System Data**

**SUBJECT: Data Derived from ASRS Reports**

The attached material is furnished pursuant to a request for data from the NASA Aviation Safety Reporting System (ASRS). Recipients of this material are reminded when evaluating these data of the following points.

ASRS reports are submitted voluntarily. Such incidents are independently submitted and are not corroborated by NASA, the FAA or NTSB. The existence in the ASRS database of reports concerning a specific topic cannot, therefore, be used to infer the prevalence of that problem within the National Airspace System.

Information contained in reports submitted to ASRS may be clarified by further contact with the individual who submitted them, but the information provided by the reporter is not investigated further. Such information represents the perspective of the specific individual who is describing their experience and perception of a safety related event.

After preliminary processing, all ASRS reports are de-identified and the identity of the individual who submitted the report is permanently eliminated. All ASRS report processing systems are designed to protect identifying information submitted by reporters; including names, company affiliations, and specific times of incident occurrence. After a report has been de-identified, any verification of information submitted to ASRS would be limited.

The National Aeronautics and Space Administration and its ASRS current contractor, Booz Allen Hamilton, specifically disclaim any responsibility for any interpretation which may be made by others of any material or data furnished by NASA in response to queries of the ASRS database and related materials.

A handwritten signature in cursive script that reads "B. Hooey".

Becky L. Hooey, Director  
NASA Aviation Safety Reporting System

## CAVEAT REGARDING USE OF ASRS DATA

Certain caveats apply to the use of ASRS data. All ASRS reports are voluntarily submitted, and thus cannot be considered a measured random sample of the full population of like events. For example, we receive several thousand altitude deviation reports each year. This number may comprise over half of all the altitude deviations that occur, or it may be just a small fraction of total occurrences.

Moreover, not all pilots, controllers, mechanics, flight attendants, dispatchers or other participants in the aviation system are equally aware of the ASRS or may be equally willing to report. Thus, the data can reflect **reporting biases**. These biases, which are not fully known or measurable, may influence ASRS information. A safety problem such as near midair collisions (NMACs) may appear to be more highly concentrated in area “A” than area “B” simply because the airmen who operate in area “A” are more aware of the ASRS program and more inclined to report should an NMAC occur. Any type of subjective, voluntary reporting will have these limitations related to quantitative statistical analysis.

One thing that can be known from ASRS data is that the number of reports received concerning specific event types represents the **lower measure** of the true number of such events that are occurring. For example, if ASRS receives 881 reports of track deviations in 2010 (this number is purely hypothetical), then it can be known with some certainty that at least 881 such events have occurred in 2010. With these statistical limitations in mind, we believe that the **real power** of ASRS data is the **qualitative information** contained in **report narratives**. The pilots, controllers, and others who report tell us about aviation safety incidents and situations in detail – explaining what happened, and more importantly, **why** it happened. Using report narratives effectively requires an extra measure of study, but the knowledge derived is well worth the added effort.

# Report Synopses

ACN: 2044287 *(1 of 50)*

### Synopsis

A Tower Controller reported they had to vector an IFR helicopter that departed from a nearby hospital below the minimum vectoring altitude to avoid conflicting traffic.

ACN: 2034525 *(2 of 50)*

### Synopsis

An air carrier pilot on short final reported a NMAC and a TCAS/RA with a helicopter crossing underneath them.

ACN: 2031394 *(3 of 50)*

### Synopsis

A Tower Controller reported a helicopter on an approach in marginal weather was disoriented and deviated from the approach course and below the published altitudes, causing Tower to receive a low altitude alert.

ACN: 2030172 *(4 of 50)*

### Synopsis

A Center Controller reported a departing air ambulance flight on initial climb turned back to the departure airport flying below the minimum IFR altitude and in conflict with an arriving air carrier.

ACN: 2025467 *(5 of 50)*

### Synopsis

Flight instructor reported a near miss with a helicopter while entering the traffic pattern at a non-towered airport during a training flight. The instructor took evasive action to avoid the helicopter.

ACN: 2024143 *(6 of 50)*

### Synopsis

General aviation pilot reported a near miss with a helicopter after landing at RAP airport during taxi in. The helicopter was cleared to depart from a taxiway with limited visibility from the Tower and the helicopter passed just in front of the pilot on the taxiway as he stopped immediately.

ACN: 2023530 *(7 of 50)*

### Synopsis

Center Controller reported aircraft experienced communications and autopilot malfunctions resulting in an altitude excursion and NORDO event.

ACN: 2020704 *(8 of 50)*

### Synopsis

Air taxi Captain reported during departure taxi another aircraft taxied toward them at a high rate of speed and did not give way as instructed by ATC. The Captain applied brakes firmly to avoid a collision.

ACN: 2019518 *(9 of 50)*

### Synopsis

A TRACON Controller reported a departing air ambulance failed to turn as depicted on the SID and flew below the minimum vectoring altitude.

ACN: 2019223 *(10 of 50)*

### Synopsis

An A11 TRACON Controller reported a VFR aircraft not communicating with ATC flew into conflict with two separate aircraft conducting instrument approaches. One of the conflicts was a NMAC.

ACN: 2015262 *(11 of 50)*

### Synopsis

S-76 EMS pilot reported after asking ATC to cross through their airspace on a medical mission, the controller asked the pilot to remain a mile north of the runway. Traversing the area, the EMS pilot needed to use evasive action to avoid an aircraft departing the runway.

ACN: 2011135 *(12 of 50)*

### Synopsis

Helicopter pilot reported flying in a non-airworthy aircraft when maintenance logbooks indicated work compliance and aircraft was airworthy. Maintenance signed off on repairs and inspections that were observed to have not been completed.

ACN: 2008212 *(13 of 50)*

### Synopsis

MBB-BK117 pilot reported the rotor wash of the helicopter while performing a hover taxi over the taxiway caused a nearby aircraft that was fueling to move. The other aircraft did not have a parking brake function and the wheels were not chocked.

ACN: 2007226 *(14 of 50)*

### Synopsis

Center Controller reported unable to communicate with Helicopter, resulted in aircraft entering a higher MVA and a CFTT event.

ACN: 1998428 *(15 of 50)*

### Synopsis

SLC Tower Controller reported Aircraft X lost radio contact and deviated from clearance which resulted in an MVA alert and conflict with traffic.

ACN: 1996747 *(16 of 50)*

### Synopsis

An air ambulance helicopter pilot approaching to land at an automobile accident site reported a NMAC with a fixed wing aircraft.

ACN: 1993430 *(17 of 50)*

### Synopsis

BNA Tower Controller reported a helicopter passed directly underneath an air carrier that was on final approach.

ACN: 1990658 *(18 of 50)*

### Synopsis

BNA Tower Controller reported they vectored a Medical Flight helicopter and departing air carrier away from an unidentified VFR aircraft orbiting just outside of their Class C airspace.

ACN: 1983593 *(19 of 50)*

### Synopsis

Learjet 35 Captain reported an anti skid failure caused the failure of main landing gear tires on take off. The flight crew elected to divert and make a precautionary landing.

ACN: 1975342 *(20 of 50)*

### Synopsis

A TRACON Controller reported they received a Low Altitude Alert when an aircraft descended below a crossing restriction on an approach.

ACN: 1962098 *(21 of 50)*

### Synopsis

MEDEVAC Helicopter pilot reported a VFR into IMC conditions event after the weather deteriorated faster than expected requiring an immediate climb to return to VFR conditions.

ACN: 1960647 *(22 of 50)*

### Synopsis

Tower Controller reported issuing an instruction to fly runway heading prior to instructing the aircraft to execute the published missed approach, which was a violation of the MVA.

ACN: 1957273 *(23 of 50)*

### Synopsis



S76 Medevac Captain reported aborting takeoff from taxiway after observing NORDO traffic on take-off which resulted in a NMAC.

ACN: 1945582 *(24 of 50)*

### Synopsis

A Center Controller reported they issued a direct routing to a helicopter which placed it 100 ft. below the Minimum Enroute Altitude.

ACN: 1943774 *(25 of 50)*

### Synopsis

Helicopter pilot reported a NMAC with a light aircraft in the vicinity of ISP airport.

ACN: 1922114 *(26 of 50)*

### Synopsis

TRACON Controller reported an aircraft on vectors to avoid special use airspace descended below their assigned altitude and below the Minimum Vectoring Altitude.

ACN: 1920301 *(27 of 50)*

### Synopsis

Pilot reported they were unsure of which heading to fly during departure in IMC and flew into an area below the minimum IFR vectoring altitude.

ACN: 1917355 *(28 of 50)*

### Synopsis

Captain reported concerns over operation of an aircraft with an out of date NAV database that should have been deferred. The aircraft was later given the correct MEL as required.

ACN: 1913346 *(29 of 50)*

### Synopsis

Helicopter pilot reported an NMAC during departure with a military fighter doing a high speed pass over the runway. Tower controller issued helicopter a takeoff clearance which put them into the flight path of the fighter.

ACN: 1909401 *(30 of 50)*

### Synopsis

King Air C90 E90 pilot reported during approach the autopilot was inadvertently disconnected, resulting in an excursion from assigned altitude and a low altitude warning from ATC.

ACN: 1905056 *(31 of 50)*

### Synopsis

Helicopter pilot reported VHF Radio interference at night while landing at the Shady Grove Hospital in Rockville, Maryland creates communications difficulties during a critical phase of flight. This is a recurring issue, reportedly caused by faulty ground lighting at the Landing Zone.

ACN: 1895808 *(32 of 50)*

### Synopsis

Helicopter Captain reported while attempting to land on the helipad, a person was standing near the landing area, requiring the pilot to execute a missed approach and go-around.

ACN: 1894727 *(33 of 50)*

### Synopsis

A Denver Center Controller reported Denver TRACON would not approve direct routing to destination for a Medevac flight requesting priority handling. The Center Controller reported this is a recurring issue and TRACON policy.

ACN: 1888981 *(34 of 50)*

### Synopsis

Helicopter pilot reported a NMAC with another aircraft that appeared to be intentionally following them.

ACN: 1883808 *(35 of 50)*

### Synopsis

PC-12 pilot reported they switched NAV sources which caused the auto pilot to disconnect resulting in the aircraft descending too low on the approach and a Ground Proximity Warning along with an ATC Low Altitude Alert.

ACN: 1882418 *(36 of 50)*

### Synopsis

ZKC Controller reported not being able to let a Medevac aircraft go direct to an airport due to D01 Approach control not letting them. Reportedly, this is standard procedure and reporter expressed concern about the confusion it creates.

ACN: 1879105 *(37 of 50)*

### Synopsis

Air ambulance jet pilot reported multiple navigation equipment failures and diverted to a nearby airport.

ACN: 1875909 *(38 of 50)*

### Synopsis

Eurocopter AS 350 pilot reported low battery voltage caused an engine over temperature on start. The engine start was discontinued and maintenance was notified.

ACN: 1873909 *(39 of 50)*

### Synopsis

Pilot reported a NMAC with a MEDEVAC helicopter.

ACN: 1861662 *(40 of 50)*

### Synopsis

Pilot reported while inbound to OSU, ATC instructed a turn to the west, which resulted in a NMAC with an aircraft in pattern.

ACN: 1860001 *(41 of 50)*

### Synopsis

Helicopter Pilot reported that while inbound for landing they did not stop the aircraft as directed by ATC, resulting in an airborne conflict with a jet landing on another runway.

ACN: 1857902 *(42 of 50)*

### Synopsis

Helicopter pilot reported not requesting a Special VFR clearance upon initial call to ATC to enter Class C airspace after the weather had gone below VFR conditions.

ACN: 1854017 *(43 of 50)*

### Synopsis

Helicopter Pilot reported an airspace incursion occurred when they flew through Class D airspace thinking it was Class E.

ACN: 1849787 *(44 of 50)*

### Synopsis

Denver Center Controllers reported Medevac flights requesting expedited routings and priority handling into APA are being denied by Denver TRACON.

ACN: 1846379 *(45 of 50)*

### Synopsis

Denver Center Controllers reported problems when trying to get priority handling with Denver TRACON on two MEDEVAC aircraft.

ACN: 1846365 *(46 of 50)*

### Synopsis

Denver Center Controller reported an ongoing problem with Denver TRACON not approving direct routing for MEDEVAC aircraft, to help expedite the aircraft.

ACN: 1846363 *(47 of 50)*

### Synopsis

Denver Center Controllers reported problems with MEDEVAC aircraft and coordination with D01 TRACON.

ACN: 1846356 *(48 of 50)*

### Synopsis

Denver TRACON Controller reported a problem associated with Denver Center and how the two facilities work MEDEVAC aircraft.

ACN: 1846353 *(49 of 50)*

### Synopsis

D01 TRACON Controller reported issues with a MEDEVAC aircraft not being able to get an expedited routing and becoming a conflict with another aircraft.

ACN: 1841860 *(50 of 50)*

### Synopsis

Air ambulance helicopter pilot reported that prior to engine start and while waiting to depart the hospital helipad, a critical ground conflict occurred when another helicopter attempted to land at the same location. The reporter cited, as contributing, that dispatch had not notified the crew of the inbound helicopter

# Report Narratives

## Time / Day

Date : 202310  
Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport  
State Reference : US  
Altitude.MSL.Single Value : 2200

## Aircraft

Reference : X  
ATC / Advisory.Tower : ZZZ  
Aircraft Operator : Air Taxi  
Make Model Name : Helicopter  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Flight Plan : IFR  
Mission : Ambulance  
Flight Phase : Initial Climb  
Airspace.Class C : ZZZ

## Person

Location Of Person.Facility : ZZZ.Tower  
Reporter Organization : Government  
Function.Air Traffic Control : Ground  
Function.Air Traffic Control : Local  
Function.Air Traffic Control : Flight Data / Clearance Delivery  
Qualification.Air Traffic Control : Fully Certified  
ASRS Report Number.Accession Number : 2044287  
Human Factors : Confusion  
Human Factors : Situational Awareness  
Human Factors : Workload

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : Requested ATC Assistance / Clarification  
Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

I was working local/ground/clearance/flight data combined with a stand-alone CIC (Controller in Charge) in the tower cab. Helicopter landed at ZZZ hospital. After they completed whatever business they had there they called ZZZ clearance for their IFR clearance to ZZZ1. ZZZ is an uncontrolled helipad at one of the local hospitals. I was unsure what exactly this meant for me when they called up ready for departure. I got confirmation they would maintain their own terrain obstruction until 2200 MSL because that is our MVA. I told them departure would be at their own risk. On departure before they got to 2200 MSL I had to vector them from their direct, approximate heading 158, to a heading of 180 for incoming traffic to Runway XX. They were at approximately 1200 MSL when they were vectored. There was no loss of separation between the incoming aircraft and the helicopter. I was uncomfortable with a helicopter departing the hospital's helipad as IFR. That seems to be more of an approach control function more than a tower function. I have never seen this, and the CIC in the back said he has never seen this situation before either. Suggestion: I have no recommendations from this event. This is a rare scenario that I, nor the CIC had ever seen before. After talking to the CIC in the back there were other avenues I could have taken, such as departing the helicopter VFR and giving him the IFR clearance in the air.

## Synopsis

A Tower Controller reported they had to vector an IFR helicopter that departed from a nearby hospital below the minimum vectoring altitude to avoid conflicting traffic.



## Time / Day

Date : 202309  
Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZZZ.Tower  
State Reference : US  
Altitude.MSL.Single Value : 1500

## Environment

Flight Conditions : VMC

## Aircraft : 1

Reference : X  
ATC / Advisory.Tower : ZZZ  
Aircraft Operator : Air Carrier  
Make Model Name : EMB ERJ 170/175 ER/LR  
Crew Size.Number Of Crew : 2  
Operating Under FAR Part : Part 121  
Flight Plan : IFR  
Mission : Passenger  
Flight Phase : Initial Approach  
Airspace.Class B : ZZZ

## Aircraft : 2

Reference : Y  
Aircraft Operator : Air Taxi  
Make Model Name : Helicopter  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Flight Plan : VFR  
Mission : Ambulance  
Airspace.Class B : ZZZ

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : Air Carrier  
Function.Flight Crew : Check Pilot  
Qualification.Flight Crew : Instrument  
Qualification.Flight Crew : Multiengine  
Qualification.Flight Crew : Air Transport Pilot (ATP)  
ASRS Report Number.Accession Number : 2034525  
Human Factors : Confusion  
Human Factors : Distraction  
Human Factors : Human-Machine Interface  
Human Factors : Time Pressure  
Human Factors : Workload

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : NMAC  
Detector.Automation : Aircraft RA  
Detector.Person : Flight Crew  
When Detected : In-flight  
Result.Flight Crew : FLC complied w / Automation / Advisory  
Result.Flight Crew : Took Evasive Action  
Result.Air Traffic Control : Issued Advisory / Alert

## Assessments

Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

We were cleared for the ILS Runway XXR into ZZZ. We were coupled to the LOC and GS. At approximately 1,500 ft. we received a TCAS traffic advisory. Moments later we received a RA warning LEVEL OFF. I disengaged the auto pilot and stopped the descent. At the same time Tower advised us of a MEDEVAC helicopter crossing our approach path below us. I looked out and saw the helicopter directly in front of us only a couple hundred feet below. We informed Tower that we had responded to a RA triggered by the helicopter. After we were clear of conflict, Tower cleared us to proceed visually. We were able to re-establish the approach and land without any additional issues. ATC cleared a helicopter to traverse the Class B airspace too close to the approach path for Runway XXR. More separation between approach paths and crossing traffic in Class B airspace.

## Synopsis

An air carrier pilot on short final reported a NMAC and a TCAS/RA with a helicopter crossing underneath them.

## Time / Day

Date : 202309

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : ZZZ.Tower

State Reference : US

Altitude.MSL.Single Value : 600

## Environment

Flight Conditions : Marginal

## Aircraft

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Crew Size.Number Of Crew : 3

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Final Approach

Airspace.Class D : ZZZ

Airspace.Class E : ZZZ

## Person

Location Of Person.Facility : ZZZ.TWR

Reporter Organization : Government

Function.Air Traffic Control : Local

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 6

ASRS Report Number.Accession Number : 2031394

Human Factors : Time Pressure

Human Factors : Workload

Human Factors : Confusion

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation - Altitude : Overshoot

Anomaly.Deviation - Track / Heading : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Anomaly.Inflight Event / Encounter : CFTT / CFIT

Detector.Automation : Air Traffic Control

Detector.Person : Flight Crew

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Flight Crew : Requested ATC Assistance / Clarification

Result.Flight Crew : Became Reoriented

Result.Air Traffic Control : Provided Assistance  
Result.Air Traffic Control : Issued New Clearance  
Result.Air Traffic Control : Issued Advisory / Alert

## Assessments

Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Contributing Factors / Situations : Weather  
Primary Problem : Human Factors

## Narrative: 1

Aircraft X was inbound to ZZZ on the approach due to bad weather. They never checked on and when they were around 4 miles, I attempted to reach out to the helicopter because they had a low altitude alert. 600 ft. at 4 miles from the airport. Without knowing if they were on my frequency, I issued the altimeter and attempted to reach them again. No response from the helicopter so I reached out the East sector at ZZZ and they replied that they were going to switch him. The pilot was visibly disoriented and never was even close to being on the approach or at a safe altitude. When the pilot finally arrived to my frequency, they were about 2.5 miles from the field, still very disoriented, had them climb, and issued additional altimeter settings. ZZZ needs to pay attention. Very unsafe and nonchalant attitude when advised about an aircraft that was low and not even on the approach.

## Synopsis

A Tower Controller reported a helicopter on an approach in marginal weather was disoriented and deviated from the approach course and below the published altitudes, causing Tower to receive a low altitude alert.

## Time / Day

Date : 202308

Local Time Of Day : 0001-0600

## Place

Locale Reference.ATC Facility : ZZZ.ARTCC

State Reference : US

Altitude.MSL.Single Value : 8000

## Environment

Flight Conditions : VMC

## Aircraft : 1

Reference : X

Aircraft Operator : Air Carrier

Make Model Name : Commercial Fixed Wing

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 121

Flight Plan : IFR

Mission : Passenger

Flight Phase : Descent

Route In Use : Visual Approach

## Aircraft : 2

Reference : Y

Aircraft Operator : Air Taxi

Make Model Name : Small Aircraft, Low Wing, 1 Eng, Retractable Gear

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Climb

Route In Use : None

Airspace.Class E : ZZZ

## Person

Location Of Person.Facility : ZZZ.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 13

ASRS Report Number.Accession Number : 2030172

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Time Pressure

Human Factors : Workload

Human Factors : Situational Awareness

Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : Airborne Conflict  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Person : Flight Crew  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : Returned To Departure Airport  
Result.Flight Crew : Requested ATC Assistance / Clarification  
Result.Flight Crew : Overcame Equipment Problem  
Result.Air Traffic Control : Provided Assistance  
Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

I was working [Sector] X and Y combined ground up due to low staffing. Aircraft X was inbound to ZZZ on a visual approach. There was a VFR aircraft climbing south of the airport. I called the traffic. The traffic called up as Aircraft Y requesting IFR. I issued a squawk and told him to maintain VFR as I had an aircraft on a visual. Aircraft Y was southeast of the airport when I thought I heard him say he would stay clear of the arrival path. I was distracted by ZZZ1 arrivals in sector X. I cleared Aircraft Y to his destination, I believe I gave him the clearance leaving [Flight Level] 100. He did not read it back and I asked if he received it. He then stated that he was returning to ZZZ due to an issue. I did not understand what he said the issue was. I canceled Aircraft X's clearance and told them to maintain 080. I think I then issued a heading. By this time Aircraft Y was below the MIA but because I had already issued a clearance I felt like I had to give him an IFR clearance to ZZZ. I cleared him direct and asked if he had the field in sight. When he affirmed I cleared him to a visual. In the confusion I forgot to verify weather or notams. Aircraft Y canceled IFR and I gave Aircraft X the visual but by then they had to maneuver to descend. Suggestion: Verify the request of an aircraft before issuing IFR clearance. Increase staffing so that sectors aren't combined during an arrival rush

## Synopsis

A Center Controller reported a departing air ambulance flight on initial climb turned back to the departure airport flying below the minimum IFR altitude and in conflict with an arriving air carrier.

## Time / Day

Date : 202308  
Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : SMD.Airport  
State Reference : IN  
Relative Position.Distance.Nautical Miles : 1  
Altitude.MSL.Single Value : 1800

## Environment

Flight Conditions : VMC  
Weather Elements / Visibility.Visibility : 6  
Light : Daylight  
Ceiling.Single Value : 5000

## Aircraft : 1

Reference : X  
ATC / Advisory.UNICOM : SMD  
Aircraft Operator : FBO  
Make Model Name : Small Aircraft, Low Wing, 1 Eng, Fixed Gear  
Crew Size.Number Of Crew : 2  
Operating Under FAR Part : Part 91  
Flight Plan : VFR  
Mission : Training  
Flight Phase : Initial Approach  
Airspace.Class E : SMD

## Aircraft : 2

Reference : Y  
ATC / Advisory.UNICOM : SMD  
Make Model Name : Helicopter  
Mission : Ambulance  
Airspace.Class E : SMD

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : FBO  
Function.Flight Crew : Instructor  
Qualification.Flight Crew : Flight Instructor  
Qualification.Flight Crew : Instrument  
Experience.Flight Crew.Total : 600  
Experience.Flight Crew.Last 90 Days : 250  
Experience.Flight Crew.Type : 300  
ASRS Report Number.Accession Number : 2025467  
Human Factors : Communication Breakdown  
Human Factors : Training / Qualification  
Human Factors : Situational Awareness

Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : Other

## Events

Anomaly.Conflict : NMAC  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 250  
Miss Distance.Vertical : 250  
When Detected : In-flight  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Airspace Structure

## Narrative: 1

I am a flight instructor and we were completing a normal lesson and coming back in for the final landing. We entered the traffic pattern properly executing a midfield cross for the left downwind runway 23 (SMD). We have class Charlie airspace directly above the airport which prevents the tear drop entry to the traffic pattern for all runways. All runways at SMD are left hand traffic patterns. We entered the pattern properly and once we were established in the left downwind for runway 23 we noticed a medevac helicopter who had just departed the hospital north of the field fly opposite direction in the downwind. We made an evasive steep turn to the right to avoid the helicopter. We had roughly 250 feet horizontal and 250 feet or less vertical separation as stated above. This is not the first time this happened with the local medevac helicopters operating out of the hospital north of the field. They are constantly flying in the downwind of the active runway opposite direction between 1500-1700 feet MSL. Our traffic pattern altitude is 1800 feet MSL at the field. I personally have encountered them 3 separate times being too close but this one was first time we had a near miss and had to actually take action to avoid them. I do not have the type of rotorcraft or any specifics other than it is called Aircraft Y and operates the hospitals around the ZZZ area.

## Synopsis

Flight instructor reported a near miss with a helicopter while entering the traffic pattern at a non-towered airport during a training flight. The instructor took evasive action to avoid the helicopter.



## Time / Day

Date : 202308  
Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : RAP.Airport  
State Reference : SD  
Altitude.AGL.Single Value : 0

## Environment

Flight Conditions : VMC  
Weather Elements / Visibility.Visibility : 10  
Light : Daylight  
Ceiling.Single Value : 25000

## Aircraft : 1

Reference : X  
ATC / Advisory.Tower : RAP  
Aircraft Operator : Personal  
Make Model Name : Amateur/Home Built/Experimental  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 91  
Flight Plan : IFR  
Mission : Personal  
Flight Phase : Taxi  
Airspace.Class D : RAP

## Aircraft : 2

Reference : Y  
ATC / Advisory.Tower : RAP  
Make Model Name : Helicopter  
Mission : Ambulance  
Flight Phase : Takeoff / Launch  
Airspace.Class D : RAP

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : FBO  
Function.Flight Crew : Single Pilot  
Function.Flight Crew : Pilot Flying  
Qualification.Flight Crew : Instrument  
Qualification.Flight Crew : Commercial  
Qualification.Flight Crew : Flight Instructor  
Experience.Flight Crew.Total : 5050  
Experience.Flight Crew.Last 90 Days : 40  
Experience.Flight Crew.Type : 760  
ASRS Report Number.Accession Number : 2024143  
Human Factors : Situational Awareness

Human Factors : Communication Breakdown  
Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : Ground Conflict, Critical  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 100  
Miss Distance.Vertical : 0  
When Detected : Taxi  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Airport  
Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

I just landed and was cleared to taxi to parking via Taxiway A. Many aircraft exit at G2. To get to my hangar. While taxiing between G2 and G1, a helicopter was cleared to depart via Taxiway A. The helicopter air taxied from the ramp and appeared to proceed with his departure just prior to reaching Taxiway A and directly in front of me, not more than 75-100 feet in front of me. I don't think he even saw me or realized I was there. I saw him just as he transitioned from air taxi to takeoff and stopped immediately. I told the Tower that what just occurred was unsafe. The Tower Controller responded that it was a helicopter and had to depart quickly. I told it it was still an unsafe situation; had I been slightly further down the taxiway, a collision could have occurred. This particular area is not visible from the Tower, and I don't think the controller saw where I was in relationship to the helicopter when she cleared him for departure. This is a very busy time for the helicopters as a huge motorcycle rally was going on with lots of flights for them. Still, when operations are rushed, that is where mistakes happen that be tragic.

## Synopsis

General aviation pilot reported a near miss with a helicopter after landing at RAP airport during taxi in. The helicopter was cleared to depart from a taxiway with limited visibility from the Tower and the helicopter passed just in front of the pilot on the taxiway as he stopped immediately.

## Time / Day

Date : 202308  
Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZZZ.ARTCC  
State Reference : US  
Altitude.MSL.Single Value : 31000

## Aircraft

Reference : X  
ATC / Advisory.Center : ZZZ  
Aircraft Operator : Air Taxi  
Make Model Name : Light Transport, Low Wing, 2 Turbojet Eng  
Crew Size.Number Of Crew : 2  
Operating Under FAR Part : Part 135  
Flight Plan : IFR  
Mission : Ambulance  
Flight Phase : Climb  
Airspace.Class A : ZZZ

## Component : 1

Aircraft Component : Air/Ground Communication  
Aircraft Reference : X  
Problem : Malfunctioning

## Component : 2

Aircraft Component : Autopilot  
Aircraft Reference : X  
Problem : Malfunctioning

## Person

Location Of Person.Facility : ZZZ.ARTCC  
Reporter Organization : Government  
Function.Air Traffic Control : Enroute  
Qualification.Air Traffic Control : Fully Certified  
ASRS Report Number.Accession Number : 2023530  
Human Factors : Communication Breakdown  
Human Factors : Troubleshooting  
Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Aircraft Equipment Problem : Critical  
Anomaly.ATC Issue : All Types  
Anomaly.Deviation - Altitude : Excursion From Assigned Altitude  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Detector.Automation : Air Traffic Control

Detector.Person : Air Traffic Control  
Detector.Person : Flight Crew  
When Detected : In-flight  
Result.General : Maintenance Action  
Result.Flight Crew : Landed in Emergency Condition

## Assessments

Contributing Factors / Situations : Aircraft  
Primary Problem : Aircraft

## Narrative: 1

Aircraft X departed ZZZ for ZZZ1 as an organ flight. The X TFR was active requiring alternative routings for ZZZ1. The initial climb out was standard. The aircraft was on XXX.XX my low altitude southern frequency which is standard. I tried to switch the aircraft to YYY.YY, but he returned. Tried a few more times and we learned he was unable to tune anything. Not even guard. Near ZZZ2 the aircraft started to unexpectedly climb and when questioned said he was now having an autopilot issue. We [requested priority] on his behalf since he was having so many diverse issues. Headed northeast toward the constricted airspace with active TFR was also a concern. I do not know - it was such an atypical cacophony of events. The only helpful thing would be better pushing out of TFR routes to smaller fields.

## Synopsis

Center Controller reported aircraft experienced communications and autopilot malfunctions resulting in an altitude excursion and NORDO event.

## Time / Day

Date : 202307

Local Time Of Day : 0601-1200

## Place

Locale Reference.Airport : BOS.Airport

State Reference : MA

Altitude.AGL.Single Value : 0

## Environment

Flight Conditions : VMC

## Aircraft : 1

Reference : X

ATC / Advisory.Ground : BOS

Aircraft Operator : Air Taxi

Make Model Name : Small Aircraft, Low Wing, 2 Eng, Retractable Gear

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Passenger

Flight Phase : Taxi

## Aircraft : 2

Reference : Y

Make Model Name : Beechcraft King Air Undifferentiated or Other Model

Crew Size.Number Of Crew : 1

Mission : Ambulance

Flight Phase : Taxi

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Air Transport Pilot (ATP)

Experience.Flight Crew.Type : 1600

ASRS Report Number.Accession Number : 2020704

Human Factors : Situational Awareness

Human Factors : Communication Breakdown

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types

Anomaly.Conflict : Ground Conflict, Critical

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Detector.Person : Flight Crew  
When Detected : Taxi  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Ambiguous

## Narrative: 1

We were cleared to taxi via Charlie to cross 4L and hold short of 4R. This took us across Taxiway Bravo. We were taxiing at a slow rate and conducting the before take off checklist and run up flow. Aircraft Y taxied towards us on Bravo at a high rate of speed. They had not been mentioned in our clearance. I hit the brakes. My First Officer asked the Controller which aircraft was meant to give way, and the Controller indicated that Aircraft Y was supposed to have given way to us. Since we had come to a complete stop, and to ensure our safety, we gave way to them. The Controller apologized. I believe he may have not believed we would be near each other since we were taxiing slowly and conducting a checklist, while Aircraft Y was taxiing quickly. As Aircraft Y was using a medevac call sign, he may have assumed we were giving way to him. I believe the Controller may have thought there was no chance we would approach the Bravo/Charlie intersection at the same time. He may have been over tasked as well. I did not hear Aircraft Y's clearance, I don't know if "give way to Aircraft X" was mentioned. In this case having two pilots and taxiing slowly helped to prevent a near miss. The taxi is a very high workload time, as Boston is busy and the run up, brief and checklists must be executed while maintaining a look out.

## Synopsis

Air taxi Captain reported during departure taxi another aircraft taxied toward them at a high rate of speed and did not give way as instructed by ATC. The Captain applied brakes firmly to avoid a collision.

## Time / Day

Date : 202307

Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZZZ.TRACON

State Reference : US

Altitude.MSL.Single Value : 6100

## Aircraft

Reference : X

ATC / Advisory.TRACON : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Small Transport, Low Wing, 2 Turboprop Eng

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Initial Climb

Route In Use.SID : ZZZZZ

Airspace.Class C : ZZZ

## Person

Location Of Person.Facility : ZZZ.TRACON

Reporter Organization : Government

Function.Air Traffic Control : Approach

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 1

ASRS Report Number.Accession Number : 2019518

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Time Pressure

Human Factors : Workload

Human Factors : Situational Awareness

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation - Track / Heading : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Anomaly.Inflight Event / Encounter : CFTT / CFIT

Detector.Automation : Air Traffic Control

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Flight Crew : Became Reoriented

Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Airspace Structure

## Narrative: 1

Aircraft X departed ZZZ Runway XX via the ZZZZZ departure. I noticed the MSAW going off immediately, but they were on the upwind and the MSAW went off at random times in and around ZZZ. I read the remarks on the strip and read Aircraft X thinking that was their call sign. I should have known better and feel like an idiot for calling them Aircraft X. I issued a low altitude alert and an expedited climb to 19000 ft. once I knew they were in an unsafe situation. I thought with radar delay that maybe it wasn't showing their turn yet and ZZZ per our Letter of Agreement (LOA) is supposed to call us if they are not in their turn by a mile from the departure end. I received no call and told them to turn toward ZZZ1 where there is lower terrain and like they were supposed to. Once they met my MVA I put them on course and then was relieved, the next Controller issued a warning. It's crap that after working 6 day work weeks and only 2 Controllers on break that this is going to be written up like it's all my fault when I am by far the most vocal person in ZZZ trying to get supervisors and OM's to somehow make these procedures flown right. Everyone keeps thinking its only the ZZZZZ1 departure but it's now the ZZZZZ, ZZZZZ2, ILS to Runway YYL, ZZZZZ3, and ZZZZZ4 that I've had pilots try to fly into mountains and our management has done nothing to get it changed. I'm a member of the Organization and bring up ZZZ every month and nothing goes further than that. Our upper management is worried about whether relieving Controllers verbally state they have the approach or if we have more than two Controllers on break instead of worrying about safety. ZZZ is a toxic workplace. What should be happening is our facility needs to talk to the airlines and companies that update the autopilot systems in the system. There is commercial airlines saying they can't load departures and arrivals properly, but we are just letting it happen.

## Synopsis

A TRACON Controller reported a departing air ambulance failed to turn as depicted on the SID and flew below the minimum vectoring altitude.



## Time / Day

Date : 202307

Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : A11.TRACON

State Reference : AK

Altitude.MSL.Single Value : 2000

## Aircraft : 1

Reference : X

ATC / Advisory.TRACON : A11

Aircraft Operator : Air Taxi

Make Model Name : Small Transport, Low Wing, 2 Turboprop Eng

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Initial Approach

Route In Use.Other

Airspace.Class C : ANC

## Aircraft : 2

Reference : Y

ATC / Advisory.TRACON : A11

Aircraft Operator : Air Taxi

Make Model Name : Commercial Fixed Wing

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Passenger

Flight Phase : Initial Approach

Airspace.Class C : ANC

## Aircraft : 3

Reference : Z

ATC / Advisory.TRACON : A11

Aircraft Operator : Personal

Make Model Name : Small Aircraft, High Wing, 1 Eng, Fixed Gear

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 91

Flight Plan : VFR

Flight Phase : Climb

Airspace.Class E : A11

## Person

Location Of Person.Facility : A11.TRACON

Reporter Organization : Government

Function.Air Traffic Control : Approach

Qualification.Air Traffic Control : Fully Certified  
Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 7  
ASRS Report Number.Accession Number : 2019223  
Human Factors : Workload  
Human Factors : Time Pressure

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : NMAC  
Anomaly.Conflict : Airborne Conflict  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Primary Problem : Airspace Structure

## Narrative: 1

Aircraft X, as usual, was not talking to approach. Climbed directly into the final. Aircraft Y passed 1 mile and 0 vertical, Aircraft Z passed directly overhead at 2500 ft., while the VFR aircraft was actively climbing out of 2100. This was the closest I've seen to a potential collision and the VFR aircraft didn't do anything wrong because we only have a Class C. This is the second conflict this week I've personally seen with this particular VFR aircraft. This aircraft is going to hit someone some day, he climbed into everyone's way.

## Synopsis

An A11 TRACON Controller reported a VFR aircraft not communicating with ATC flew into conflict with two separate aircraft conducting instrument approaches. One of the conflicts was a NMAC.

## Time / Day

Date : 202307

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Altitude.MSL.Single Value : 500

## Environment

Flight Conditions : VMC

Weather Elements / Visibility.Visibility : 10

Light : Daylight

Ceiling.Single Value : 12000

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Carrier

Make Model Name : S-76/S-76 Mark II

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : None

Mission : Ambulance

Flight Phase : Climb

Airspace.Class D : ZZZ

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : ZZZ

Make Model Name : Cessna 150

Crew Size.Number Of Crew : 1

Flight Plan : None

Mission : Training

Flight Phase : Climb

Airspace.Class D : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Single Pilot

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Air Transport Pilot (ATP)

Experience.Flight Crew.Total : 5700

Experience.Flight Crew.Last 90 Days : 50

Experience.Flight Crew.Type : 5700

ASRS Report Number.Accession Number : 2015262

Human Factors : Communication Breakdown  
Human Factors : Time Pressure  
Human Factors : Workload  
Human Factors : Situational Awareness  
Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : NMAC  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 200  
Miss Distance.Vertical : 200  
Were Passengers Involved In Event : N  
When Detected : In-flight  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

We were preparing to depart a hospital helipad en route to a scene picking up the patient at an airport. ZZZ1 is approximately 3 miles west of ZZZ and inside their Class Delta airspace and our route of flight would take us directly through this airspace. Prior to departing the helipad, I called ZZZ Tower using our medevac call sign and stated we were ready to lift from the helipad, we were medevac status en route to the airport. I stated our on-course heading and requested clearance through the Class Delta airspace. The Tower Controller said he had multiple aircraft in the pattern asked if I could depart and remain 1 mile north of the departure end of Runway XX. I was surprised I didn't get a clearance under medevac status to go directly through the Class Delta airspace on course but accepted the slight deviation to get moving. The problem was the small aircraft using Runway XX were still in their normal flow and one was departing and climbing out at the same time we were crossing the centerline on the departure end of Runway XX. To provide clearance from this aircraft I had to start an immediate descent. This provided clearance but we were still in close proximity to this airplane. Nothing was said by the Tower, and I didn't say anything either since the frequency was quite busy. I feel being in medevac status we were not given any priority handling and we should not be dodging aircraft in controlled airspace if ATC is looking out for us. On a side note, shortly after all this took place, we were canceled from this flight (which happens in EMS for multiple reasons) and continued south to our home base.

## Synopsis

S-76 EMS pilot reported after asking ATC to cross through their airspace on a medical mission, the controller asked the pilot to remain a mile north of the runway. Traversing the area, the EMS pilot needed to use evasive action to avoid an aircraft departing the runway.

## Time / Day

Date : 202306

Local Time Of Day : 0601-1200

## Environment

Flight Conditions : VMC

Light : Night

## Aircraft

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Mission : Ambulance

Maintenance Status.Records Complete : N

Maintenance Status.Released For Service : N

Maintenance Status.Required / Correct Doc On Board : N

Maintenance Status.Maintenance Type : Scheduled Maintenance

Maintenance Status.Maintenance Items Involved : Inspection

Maintenance Status.Maintenance Items Involved : Repair

Maintenance Status.Maintenance Items Involved : Testing

## Person

Location Of Person : Hangar / Base

Reporter Organization : Air Taxi

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Rotorcraft

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Commercial

ASRS Report Number.Accession Number : 2011135

Human Factors : Troubleshooting

Human Factors : Communication Breakdown

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : Maintenance

## Events

Anomaly.Aircraft Equipment Problem : Critical

Anomaly.Deviation / Discrepancy - Procedural : Maintenance

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : MEL / CDL

Anomaly.Deviation / Discrepancy - Procedural : FAR

Detector.Person : Flight Crew

Result.General : Release Refused / Aircraft Not Accepted

Result.General : Maintenance Action

## Assessments

Contributing Factors / Situations : Aircraft  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Manuals  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

On Date 1 and Date 2 I flew the aircraft on normal interfacility transfers. All logbook entries, maintenance and signoffs etc were apparently correct and current. However, days after the last flight, through conversations between another pilot and a mechanic we found that maintenance items on this aircraft were not complied with. There was torque sensor maintenance done by mechanics that hadn't been documented in the logbooks for the aircraft. There was a main rotor mast uniball inspection that wasn't performed but signed off in the logbook by mechanics and there was work on the pitot static system due to a blockage and subsequent replacement of the steam gauge airspeed indicator done by mechanics. An operational and leak check on the pitot system was signed off but not performed. The main rotor mast uniball inspection was signed off in the logs but according to eye witness not performed, and subsequent torque writeups that are associated with that inspection were never entered into the logbook. Additionally the aircraft should have been put out of service for that inspection which wasn't done either. Due to the uncertainty of maintenance performed and/or missing follow up torque checks and the fact that the aircraft was flown by me after those inspections/work performed or not, there is a possibility that I unknowingly overflew either the uniball inspection or the associated torque checks. At the time of flight all logbook entries were current and complied with, which is why I was certain that the aircraft was in an airworthy condition. I want to emphasize that all these findings came to light several days after the flights had happened and that at the time of flight the aircraft - to my best knowledge and information available to me - was current and in airworthy condition. Only way I could have known or determined at the time of flight that the aircraft might not have been in compliance and airworthy.

## Synopsis

Helicopter pilot reported flying in a non-airworthy aircraft when maintenance logbooks indicated work compliance and aircraft was airworthy. Maintenance signed off on repairs and inspections that were observed to have not been completed.

## Time / Day

Date : 202306

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Altitude.AGL.Single Value : 0

## Environment

Flight Conditions : VMC

Light : Daylight

## Aircraft : 1

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : MBB-BK 117 All Series

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : VFR

Mission : Ambulance

Flight Phase : Taxi

## Aircraft : 2

Reference : Y

Aircraft Operator : Personal

Make Model Name : Small Aircraft

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 91

Mission : Agriculture

Flight Phase : Parked

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Commercial

ASRS Report Number.Accession Number : 2008212

Human Factors : Situational Awareness

## Events

Anomaly.Conflict : Ground Conflict, Less Severe

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Detector.Person : Flight Crew

When Detected : Taxi  
Result.General : None Reported / Taken

## Assessments

Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

I approached to land at ZZZ on Runway XX upon reaching a hover I sidestepped left to hover taxi over the taxiway. There was an old crop-dusting plane being fueled at the pump. I passed the plane approximately 80 ft. to the south of the plane over the taxiway hovering between 4 and 8 ft. I proceeded to land next to the ambulance waiting at the ramp. As we passed the plane one of my crew members stated that the small plane began to turn on its own. I landed at the H and shut down. After I shut down, I spoke with the pilot of the plane. I told him that I was sorry for his inconvenience. I told him that I gave him plenty of space when I hover taxied past him. I asked does your plane have a parking brake - he replied no, it is not equipped with one. The plane also did not have wheel chocks in place. I took pictures of the plane and called Person A. I gave the man Person A's contact information and my own. In my professional opinion as a dual rated pilot, the damage to this man's plane occurred purely out of his own negligence, one for not having a parking brake and two not having his wheels chocked. His plane would not have been affected by my rotor wash, if he had secured his plane properly. Have all airplane pilots that are fueling their aircraft with no brakes, to place chocks on the wheels.

## Synopsis

MBB-BK117 pilot reported the rotor wash of the helicopter while performing a hover taxi over the taxiway caused a nearby aircraft that was fueling to move. The other aircraft did not have a parking brake function and the wheels were not chocked.



## Time / Day

Date : 202306  
Local Time Of Day : 0601-1200

## Place

Locale Reference.ATC Facility : ZZZ.ARTCC  
State Reference : US  
Altitude.MSL.Single Value : 4100

## Aircraft

Reference : X  
ATC / Advisory.Center : ZZZ  
Aircraft Operator : Air Taxi  
Make Model Name : Helicopter  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 91  
Flight Plan : IFR  
Mission : Ambulance  
Flight Phase : Cruise  
Airspace.Class E : ZZZ

## Component

Aircraft Component : Air/Ground Communication  
Aircraft Reference : X  
Problem : Failed

## Person

Location Of Person.Facility : ZZZ.ARTCC  
Reporter Organization : Government  
Function.Air Traffic Control : Enroute  
Qualification.Air Traffic Control : Fully Certified  
Experience.Air Traffic Control.Radar : 12  
ASRS Report Number.Accession Number : 2007226  
Human Factors : Time Pressure  
Human Factors : Communication Breakdown  
Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Aircraft Equipment Problem : Less Severe  
Anomaly.ATC Issue : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Ground Event / Encounter : Ground Equipment Issue  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Automation : Air Traffic Control  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : Overcame Equipment Problem  
Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Aircraft

Contributing Factors / Situations : ATC Equipment / Nav Facility / Buildings

Contributing Factors / Situations : Procedure

Primary Problem : ATC Equipment / Nav Facility / Buildings

## Narrative: 1

Aircraft X was at 4100 [ft]. I advised them that I'd need a climb to 6000 [ft.] for my MIA (Minimum IFR Altitude). When I tried climbing the aircraft they were NORDD. When Aircraft X finally got the clearance, they were in a vicinity [where] my MIA was 5800 [ft]. Aircraft just needed to answer in a timely manner.

## Synopsis

Center Controller reported unable to communicate with Helicopter, resulted in aircraft entering a higher MVA and a CFTT event.

## Time / Day

Date : 202305

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : SLC.Airport

State Reference : UT

Altitude.MSL.Single Value : 7700

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : SLC

Aircraft Operator : Air Taxi

Make Model Name : Small Transport

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : None

Airspace.Class B : SLC

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : SLC

Aircraft Operator : Air Carrier

Make Model Name : Small Transport

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 121

Flight Plan : IFR

Mission : Passenger

Flight Phase : Descent

Route In Use : Vectors

Airspace.Class B : SLC

## Component

Aircraft Component : Air/Ground Communication

Aircraft Reference : X

Problem : Improperly Operated

## Person

Location Of Person.Facility : SLC.Tower

Reporter Organization : Government

Function.Air Traffic Control : Local

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 9

ASRS Report Number.Accession Number : 1998428

Human Factors : Communication Breakdown

Human Factors : Confusion

Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Aircraft Equipment Problem : Less Severe  
Anomaly.ATC Issue : All Types  
Anomaly.Conflict : Airborne Conflict  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Automation : Air Traffic Control  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : Overcame Equipment Problem  
Result.Air Traffic Control : Issued New Clearance  
Result.Air Traffic Control : Issued Advisory / Alert

## Assessments

Contributing Factors / Situations : Aircraft  
Contributing Factors / Situations : Human Factors  
Primary Problem : Aircraft

## Narrative: 1

I was working local east and city. Aircraft X was inbound from the southwest. I observed them go through the final about 14 miles south of the airport. I called the Approach Controller and they indicated they had lost communication with the aircraft and were attempting to re-establish contact. Aircraft X then came up on my frequency about 15 miles southeast of the airport heading into rapidly rising terrain as well as a VFR aircraft outside the bravo airspace not receiving services. I issued Aircraft X a low altitude alert and traffic alert while climbing them and turning them away from the mountains. Aircraft X was able to get the unidentified aircraft in sight and maintain visual separation. I pointed out the airport, which Aircraft X then had in sight, and cleared them for a visual approach. Aircraft Y was on an approach to Runway XXL which Aircraft X was able to get in sight and maintain visual separation from. Aircraft X then landed with no further issue.

Recommendation: Aircraft X told me they lost communication with Approach on 124.4 as they were descending through 8,000. 124.4 is a clearance delivery frequency for the TVY airport located 20 miles southwest of SLC with a large mountain between the two airports. I have no idea why Aircraft X was on that frequency but it appears Approach was either working several frequencies and wasn't aware Aircraft X was on that one or the Approach Controller thought that frequency had sufficient range. It is probably best practice to keep Clearance Delivery (CD) frequencies in a loud speaker if possible so you know if the aircraft is on a frequency intended for ground based communication, then take appropriate action.

## Synopsis

SLC Tower Controller reported Aircraft X lost radio contact and deviated from clearance which resulted in an MVA alert and conflict with traffic.

## Time / Day

Date : 202305  
Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport  
State Reference : US  
Relative Position.Angle.Radial : 131  
Relative Position.Distance.Nautical Miles : 13  
Altitude.AGL.Single Value : 230

## Environment

Flight Conditions : VMC  
Weather Elements / Visibility.Visibility : 10  
Light : Daylight  
Ceiling.Single Value : 10000

## Aircraft : 1

Reference : X  
Aircraft Operator : Air Taxi  
Make Model Name : Helicopter  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Flight Plan : VFR  
Mission : Ambulance  
Flight Phase : Landing  
Route In Use : Direct  
Airspace.Class E : ZZZ

## Aircraft : 2

Reference : Y  
Aircraft Operator.Other  
Make Model Name : Small Aircraft, High Wing, 1 Eng, Fixed Gear  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 91  
Flight Plan : VFR  
Mission : Utility / Infrastructure  
Flight Phase : Cruise  
Airspace.Class E : ZZZ

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : Air Taxi  
Function.Flight Crew : Pilot Flying  
Function.Flight Crew : Captain  
Function.Flight Crew : Single Pilot  
Qualification.Flight Crew : Flight Instructor  
Qualification.Flight Crew : Commercial

Qualification.Flight Crew : Instrument  
Experience.Air Traffic Control.Supervisory : 15796  
Experience.Flight Crew.Total : 2559  
Experience.Flight Crew.Last 90 Days : 45  
Experience.Flight Crew.Type : 88  
ASRS Report Number.Accession Number : 1996747  
Human Factors : Workload  
Human Factors : Confusion  
Human Factors : Situational Awareness  
Human Factors : Distraction  
Human Factors : Time Pressure

## Events

Anomaly.Conflict : NMAC  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Automation : Aircraft RA  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 1000  
Miss Distance.Vertical : 300  
When Detected : In-flight  
Result.General : Police / Security Involved  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

We are an operator in an Aircraft X based out of ZZZ. We received a dispatch to a scene response just south east of ZZZ1, for an occupant of a motor vehicle which was entrapped. Weather is clear. During our reconnaissance portion of our landing zone which was right next to this crashed vehicle, we had to abort our recon due to an aircraft continuing at us, same height, and not visible to the eye due to its size and color (light white/cream) light green tail number hardly visible. We turned south east away from our landing zone to ensure we avoided the hazard. Once the aircraft was clear we made our approach into the wind traveling north west, at 230 ft. off the ground and in proximity to ground hazards, our ADS-B alarmed traffic again 300 ft. above, the Aircraft Y had made a circle back to the scene a second time and was well within a quarter mile. We were close enough I immediately stopped all forward movement of my helicopter and held an out of ground hover till the completely unaware pilot passed. We believe the pilot was task saturated, flying low, and hyper focused on looking at all the lights and sirens on the ground and was completely unaware of a helicopter trying to conduct life saving operations. This pilot gained the attention of the Highway Patrol, and we reported this incident to our management and through the use of a message system. We believe this aircraft was a power line patrol, and was in close proximity to the power lines, however at a much lower altitude and circling several times for no other reason than to gawk at the site, putting my aircraft my crew and the crews on the ground in grave danger for having a secondary aircraft on aircraft incident, while extricating trapped occupants from a vehicle. This pilot, not once but twice deliberately interfered with our operation and put a lot of lives on the line for simply wanting to take a look. I am a firm believer that people

just make mistakes, however this is something more, and this pilot needs a good talk with someone who isn't me, and can explain to them how grave this mistake could have been. I feel there is a chance for this individual to take a step back and remember we are not immune from accidents, and every flight isn't a normal everyday thing. It needs to be taken with utmost seriousness every time you climb in and out of a cockpit. Every time you do something new or not normal you're taking grave risks, like leaving your designated flight path for a look at something. Highway Patrol and local law enforcement reported the aircraft to ZZZ Approach, to tell the [expletive] to wave off and leave the area, I am unsure as to whether that was effective in getting this pilot to leave the area or not.

## Synopsis

An air ambulance helicopter pilot approaching to land at an automobile accident site reported a NMAC with a fixed wing aircraft.

## Time / Day

Date : 202304

Local Time Of Day : 0601-1200

## Place

Locale Reference.Airport : BNA.Airport

State Reference : TN

Altitude.MSL.Single Value : 2500

## Environment

Flight Conditions : VMC

Light : Daylight

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : BNA

Aircraft Operator : Air Carrier

Make Model Name : Large Transport

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 121

Flight Plan : IFR

Mission : Passenger

Flight Phase : Final Approach

Route In Use : Visual Approach

Airspace.Class C : BNA

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : BNA

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : VFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : None

Airspace.Class E : BNA

## Person

Location Of Person.Aircraft : X

Location Of Person.Facility : BNA.TWR

Reporter Organization : Government

Function.Air Traffic Control : Local

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 4

ASRS Report Number.Accession Number : 1993430

Human Factors : Situational Awareness

Human Factors : Communication Breakdown



Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : NMAC  
Detector.Person : Flight Crew  
Detector.Person : Air Traffic Control  
Miss Distance.Horizontal : 0  
Miss Distance.Vertical : 500  
When Detected : In-flight

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Airspace Structure

## Narrative: 1

Aircraft X was on a visual approach to Runway 2C. Aircraft Y was a non-participating VFR helicopter circumnavigating the Class C surface area enroute to ZZZ. Aircraft Y passed directly under Aircraft X about 4.5 miles from the 2C threshold. Aircraft X saw the helicopter when they were about a mile apart. The Class C airspace of BNA is not appropriate for the level of traffic that the BNA Airport serves. Near misses with non-participating VFR aircraft are a common occurrence and it is just a matter of time before a substantial event takes place. Nashville needs Class B airspace.

## Synopsis

BNA Tower Controller reported a helicopter passed directly underneath an air carrier that was on final approach.

## Time / Day

Date : 202304

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : BNA.TRACON

State Reference : TN

Altitude.MSL.Single Value : 1400

## Environment

Flight Conditions : VMC

Light : Daylight

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : BNA

Aircraft Operator : Military

Make Model Name : Helicopter

Crew Size.Number Of Crew : 2

Flight Plan : VFR

Mission : Training

Route In Use : None

Airspace.Class E : BNA

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : BNA

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : VFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : VFR Route

Airspace.Class C : BNA

## Aircraft : 3

Reference : Z

ATC / Advisory.Tower : BNA

Aircraft Operator : Air Carrier

Make Model Name : Commercial Fixed Wing

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 121

Flight Plan : IFR

Mission : Passenger

Flight Phase : Climb

Route In Use : Vectors

Airspace.Class C : BNA

## Person

Location Of Person.Facility : BNA.TWR  
Reporter Organization : Government  
Function.Air Traffic Control : Local  
Qualification.Air Traffic Control : Fully Certified  
Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 13  
ASRS Report Number.Accession Number : 1990658  
Human Factors : Communication Breakdown  
Human Factors : Distraction  
Human Factors : Workload  
Human Factors : Time Pressure  
Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : Airborne Conflict  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Air Traffic Control : Issued New Clearance  
Result.Air Traffic Control : Separated Traffic

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Company Policy  
Primary Problem : Airspace Structure

## Narrative: 1

Aircraft Y was receiving flight following, MEDEVAC status, from the southeast of the Tower airspace to west / northwest at 1600-1700 ft. Aircraft Z was departing off BNA turning to the southeast to climb above Aircraft Y. I, in the Local Control Position, observed a VFR target approximately 6 miles southeast of BNA, north bound indicating 1300 ft. He turned away from the Class C airspace at the last moment and started doing orbiting right in front on Aircraft Y's flight path. I attempted radio contact and did not succeed. I attempted contact on guard as well, no success Finally, the VFR aircraft not in communication with ATC called the Departure Controller who gave him a squawk code and affected coordination with the Tower Controller in Charge to let me know who he was and what he was doing. During this time frame, before the Departure Controller could tell me, I had to turn the departing Aircraft Z to stay on runway heading to avoid the VFR. I also issued traffic and had to turn Aircraft Y who eventually reported him in sight and advised me he was a helicopter. The VFR traffic turned out to be Aircraft X who wanted to land at BNA. This VFR aircraft went into an orbiting holding pattern in front of MEDEVAC traffic and right in the departure corridor for BNA. This is legal and EXTREMELY dangerous. We desperately need to fix this airspace! We need a Class Bravo IMMEDIATELY!!

## Synopsis

BNA Tower Controller reported they vectored a Medical Flight helicopter and departing air carrier away from an unidentified VFR aircraft orbiting just outside of their Class C airspace.

## Time / Day

Date : 202303

Local Time Of Day : 1801-2400

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Altitude.AGL.Single Value : 0

## Environment

Flight Conditions : VMC

Light : Daylight

## Aircraft

Reference : X

Aircraft Operator : Air Carrier

Make Model Name : Learjet 35

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Landing

Route In Use : Vectors

## Component : 1

Aircraft Component : Main Gear Tire

Manufacturer : L/H OTBD

Aircraft Reference : X

Problem : Failed

## Component : 2

Aircraft Component : Main Gear Tire

Manufacturer : L/H INBD

Aircraft Reference : X

Problem : Failed

## Component : 3

Aircraft Component : Antiskid System

Aircraft Reference : X

Problem : Malfunctioning

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Carrier

Function.Flight Crew : Captain

Function.Flight Crew : Flight Engineer / Second Officer

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Flight Instructor  
Qualification.Flight Crew : Instrument  
Qualification.Flight Crew : Multiengine  
Qualification.Flight Crew : Air Transport Pilot (ATP)  
Experience.Flight Crew.Total : 1800  
Experience.Flight Crew.Last 90 Days : 175  
Experience.Flight Crew.Type : 700  
ASRS Report Number.Accession Number : 1983593

## Events

Anomaly.Aircraft Equipment Problem : Critical  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Detector.Automation : Aircraft Other Automation  
Detector.Person : Flight Crew  
Detector.Person : Air Traffic Control  
Were Passengers Involved In Event : Y  
When Detected : In-flight  
Result.General : Evacuated  
Result.General : Maintenance Action  
Result.General : Flight Cancelled / Delayed  
Result.Flight Crew : Diverted  
Result.Flight Crew : Landed in Emergency Condition  
Result.Flight Crew : Requested ATC Assistance / Clarification  
Result.Aircraft : Aircraft Damaged

## Assessments

Contributing Factors / Situations : Aircraft  
Primary Problem : Aircraft

## Narrative: 1

Departing ZZZ enroute to ZZZ1 on scheduled Part 135 Flight. During takeoff roll, The Crew noticed a bump, Left Anti-skid Lights Illuminated as V1 was called. The Crew continued rotation and continued flight while troubleshooting the issue. Once in cruise flight, ATC notified Flight Crew of report given by ZZZ Tower of Tire Remains on the runway. Once we determined that one or both main tires were popped, we ran the proper checklists and communicated with Crew and OPS on ground via Sat phone. The Flight Crew decided to divert to ZZZ2 for use of longer runways and abundant Airport Rescue and Firefighting (ARFF). In an effort to land as safely and and lightly as possible we requested lower altitudes, free speed, and delayed vectors. This allowed us to touch down at a lower gross weight, reducing damage to to persons or property. The airplane landed safely on Runway XXR with ARFF Personnel standing by. An evacuation of all Crew and Passengers was executed. No injuries were sustained and damage to airplane appeared to be limited to left main gear.

## Synopsis

Learjet 35 Captain reported an anti skid failure caused the failure of main landing gear tires on take off. The flight crew elected to divert and make a precautionary landing.

## Time / Day

Date : 202302  
Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZZZ.TRACON  
State Reference : US  
Altitude.MSL.Single Value : 5600

## Environment

Flight Conditions : VMC  
Light : Night

## Aircraft

Reference : X  
ATC / Advisory.TRACON : ZZZ  
Aircraft Operator : Air Taxi  
Make Model Name : Small Transport  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Flight Plan : IFR  
Mission : Ambulance  
Flight Phase : Final Approach  
Route In Use.Other  
Airspace.Class C : ZZZ

## Person

Location Of Person.Facility : ZZZ.TRACON  
Reporter Organization : Government  
Function.Air Traffic Control : Approach  
Qualification.Air Traffic Control : Fully Certified  
Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 1  
ASRS Report Number.Accession Number : 1975342  
Human Factors : Situational Awareness

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Deviation - Altitude : Crossing Restriction Not Met  
Anomaly.Deviation - Altitude : Overshoot  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Automation : Air Traffic Control  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : FLC complied w / Automation / Advisory  
Result.Flight Crew : Became Reoriented  
Result.Air Traffic Control : Issued New Clearance

Result.Air Traffic Control : Issued Advisory / Alert  
Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Human Factors

## Narrative: 1

I was working ZZZ radar combined at the X sector. It was just before XA:00 local time. I only had 2 aircraft on frequency and had not been on long. Traffic was not complex. The only abnormal issue with the traffic was the amount of Medevac aircraft that were in and out of ZZZ. I had an IFR Medevac asking for the RNAV Y approach to Runway XXL. I issued a proper crossing restriction for the fix pilots typically use for the approach. The pilot correctly read back the altitude, but did not stop at the issued altitude. I have great confidence in our Medevac pilots so I was not concerned that he might miss the altitude. A few minutes later, the Low Alt alarm went off. I issued proper low altitude phraseology and the pilot responded with "correcting." I then pointed out the airport and the pilot reported that he had the airport in sight. I then cleared him for a Visual Approach to Runway XXL. The pilot landed without incident. I decided to file this [report] to satisfy my need to report the issue and to protect myself. I made the decision NOT to issue pilot deviation phraseology and force this incident up to management. Our Medevac pilots are always extremely professional and do an amazing job getting medically critical passengers in and out of ZZZ quickly and safely. I had no desire to expound the issue and maybe take a good pilot who just made a mental error, out of the sky. I have no doubt that the pilot knew exactly what he had done wrong and I believe he will correct the issue. I have no recommendations for this. I issued a good altitude, and got a correct read back from the pilot. I'm sure the pilot was probably just tired and I have no doubt that he will correct this problem.

## Synopsis

A TRACON Controller reported they received a Low Altitude Alert when an aircraft descended below a crossing restriction on an approach.

## Time / Day

Date : 202301

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

## Environment

Flight Conditions : VMC

Light : Dusk

## Aircraft

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : VFR

Mission : Ambulance

Flight Phase : Initial Approach

Airspace.Class C : ZZZ

Airspace.Class E : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Pilot Flying

Function.Flight Crew : Captain

Qualification.Flight Crew : Air Transport Pilot (ATP)

ASRS Report Number.Accession Number : 1962098

Human Factors : Time Pressure

Human Factors : Situational Awareness

## Events

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Anomaly.Inflight Event / Encounter : Weather / Turbulence

Anomaly.Inflight Event / Encounter : VFR In IMC

Detector.Person : Flight Crew

When Detected : In-flight

Result.Flight Crew : Took Evasive Action

Result.Flight Crew : Returned To Clearance

Result.Air Traffic Control : Issued New Clearance

Result.Air Traffic Control : Provided Assistance

## Assessments



Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Weather  
Primary Problem : Weather

## Narrative: 1

Skies Clear, 7+ miles visibility, cruise flight at 2,500 feet MSL, approached ZZZ [Airport] Class C airspace (from the east) for VFR transition to ZZZ1 hospital about 12 miles west of ZZZ. ATC confirmed transponder squawk, altitude, and heading for ZZZ1. I noticed some lower cloud cover over ZZZ, confirmed ATIS and iPad (ForeFlight) the ZZZ was 800 scattered and 7 miles. ZZZ2 (N/W of ZZZ) was reporting the same. ZZZ ATC frequency changed me to ZZZ Tower. ZZZ Tower asked if I wanted to descend below the 800 feet scattered layer and continue to ZZZ1. I accepted. However, after descending below 800 feet and going under the scattered layer, I observed weather much less than was expected. Flight visibility reduced to 2-3 miles with mist, and the ceiling seemed more overcast than scattered. With ZZZ landing traffic behind the helicopter now, and not able to find a suitable area to land in the deteriorating conditions, I initiated IMC climb to VFR on top (about 30 seconds). During this time, the med crew asked if we were IMC, before I could inform them, and I responded yes, IMC climb to VFR conditions. The med crew was very helpful and verbally asked level attitude indicator, climb power, climb airspeed, no turns. I responded yes. The helicopter became VFR on top at 1,000 to 1,500 feet, and before I could contact ZZZ Tower, ZZZ Tower informed all participating traffic in the local area that ZZZ was now IFR. ZZZ Tower asked if we needed assistance or an IFR clearance. I responded negative, that I was VFR on top and diverting to the northwest towards ZZZ2, where the weather was clear. Helicopter diverted to ZZZ2, offloaded patient, and the med crew to a ground ambulance to ZZZ1. I checked weather at ZZZ2 and ZZZ3 (home base), contacted ZZZ1 flightwatch and departed pilot only VFR back to ZZZ3 without incident. Suggestions - Going forward, my personal pre-plan is to divert earlier, or turn around (RTB) before going below any cloud layer 1,000 feet or lower. The speed at which the flight visibility reduced was dramatic. The difference between what ATIS and Tower were reporting and actual conditions were unacceptable. Also, going forward, listening to the temperature dew point spread will be mandatory for all locations, with caution when spread is 4 degrees or less.

## Synopsis

MEDEVAC Helicopter pilot reported a VFR into IMC conditions event after the weather deteriorated faster than expected requiring an immediate climb to return to VFR conditions.

## Time / Day

Date : 202212

Local Time Of Day : 0601-1200

## Place

Locale Reference.ATC Facility : ZZZ.Tower

State Reference : US

Altitude.AGL.Single Value : 200

## Aircraft

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Light Transport, Low Wing, 2 Turbojet Eng

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Landing

Airspace.Class D : ZZZ

## Person

Location Of Person.Facility : ZZZ.Tower

Reporter Organization : Government

Function.Air Traffic Control : Ground

Function.Air Traffic Control : Local

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 1

ASRS Report Number.Accession Number : 1960647

Human Factors : Confusion

Human Factors : Time Pressure

Human Factors : Workload

Human Factors : Situational Awareness

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Ground Event / Encounter : Other / Unknown

Anomaly.Inflight Event / Encounter : CFTT / CFIT

Detector.Automation : Air Traffic Control

Detector.Person : Air Traffic Control

Result.Flight Crew : Executed Go Around / Missed Approach

Result.Air Traffic Control : Issued New Clearance

Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Airspace Structure

Contributing Factors / Situations : Chart Or Publication

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure  
Contributing Factors / Situations : Weather  
Primary Problem : Procedure

## Narrative: 1

I was working Local Control 1, 2, helicopters, and Ground Control combined, approximately around XA:00. The weather was extremely poor, less than 1/4 SM visibility, mist, and a vertical visibility variable between 100 - 200. The [Runway] XXR RVR was variable between 600 - 1000. The field could not be seen from the Tower. Aircraft X was inbound on the ILS-Z and was given the RVR. On very short final, they decided to initiate a go-around. I issued runway heading and thereafter, an instruction to execute the published missed approach. Issuing a heading is a violation of the MVA. The reason why I gave runway heading is because I was informed of an event in the past where another jet on a 2-mile final for the ILS-Z [Runway] XXR initiated a go-around but had the wrong chart pulled up and started the climbing left turn prior to the ZZZ 1.5 DME. I had this event in my head when issuing the runway heading instruction just to ensure they got to the point to execute the published missed. I spoke with our facility Quality Assurance Evaluator and was told that this was a violation of the MVA and in the future to just simply instruct the aircraft to execute the published missed approach as the procedure has the crossing restriction on it, or to say fly to the missed approach point and then execute the published missed approach. I explained my reasoning to the Evaluator and he understood, but in the future, I will have no problems issuing only the published missed approach.

## Synopsis

Tower Controller reported issuing an instruction to fly runway heading prior to instructing the aircraft to execute the published missed approach, which was a violation of the MVA.

## Time / Day

Date : 202212  
Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport  
State Reference : US  
Altitude.AGL.Single Value : 100

## Environment

Flight Conditions : VMC  
Weather Elements / Visibility.Visibility : 10  
Light : Daylight  
Ceiling.Single Value : 10000

## Aircraft : 1

Reference : X  
ATC / Advisory.UNICOM : ZZZ  
Aircraft Operator : Air Taxi  
Make Model Name : S-76/S-76 Mark II  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Mission : Ambulance  
Flight Phase : Takeoff / Launch  
Route In Use : Direct  
Airspace.Class E : ZZZ

## Aircraft : 2

Reference : Y  
Make Model Name : Any Unknown or Unlisted Aircraft Manufacturer  
Flight Phase : Takeoff / Launch

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : Air Taxi  
Function.Flight Crew : Captain  
Function.Flight Crew : Single Pilot  
Qualification.Flight Crew : Rotorcraft  
Qualification.Flight Crew : Instrument  
Qualification.Flight Crew : Air Transport Pilot (ATP)  
Experience.Flight Crew.Total : 10700  
Experience.Flight Crew.Last 90 Days : 40  
Experience.Flight Crew.Type : 3500  
ASRS Report Number.Accession Number : 1957273  
Human Factors : Communication Breakdown  
Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Conflict : NMAC

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Miss Distance.Horizontal : 200

Miss Distance.Vertical : 0

Result.Flight Crew : Took Evasive Action

Result.Flight Crew : Rejected Takeoff

## Assessments

Contributing Factors / Situations : Airport

Contributing Factors / Situations : Procedure

Primary Problem : Airport

## Narrative: 1

Departing from taxi-way at ZZZ call was made on CTAF "Aircraft X Departing ZZZ, is there any departing traffic ZZZ" With nothing heard climb was initiated to 100 ft. for takeoff in the NE direction. Crewman in left seat alerted Pilot Flying to fixed wing aircraft departing Runway XX now at same height. At that time departing aircraft made radio call to indicate departure from YY. Aircraft X was lowered back to taxi way without incident. Closest approach was 200 ft. horizontal and Aircraft X was not in the flight path of departing aircraft (Aircraft X remained over taxi-way) land back was a precautionary measure to insure separation.

## Synopsis

S76 Medevac Captain reported aborting takeoff from taxiway after observing NORDDO traffic on take-off which resulted in a NMAC.

## Time / Day

Date : 202210

Local Time Of Day : 0001-0600

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Altitude.MSL.Single Value : 3000

## Aircraft

Reference : X

ATC / Advisory.Center : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : Direct

Airspace.Class E : ZZZ

## Person

Location Of Person.Facility : ZZZ.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Approach

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 4

ASRS Report Number.Accession Number : 1945582

Human Factors : Situational Awareness

Human Factors : Confusion

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Anomaly.Inflight Event / Encounter : CFTT / CFIT

Detector.Person : Air Traffic Control

When Detected : In-flight

## Assessments

Contributing Factors / Situations : Airspace Structure

Contributing Factors / Situations : Chart Or Publication

Contributing Factors / Situations : Environment - Non Weather Related

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure

Primary Problem : Airspace Structure

## Narrative: 1

I was working the midshift. Aircraft X was a medevac departed ZZZ area enroute to ZZZ1 (hospital helipad around ZZZ2). The aircraft picked up their IFR in the air requesting 3000 ft cruise altitude. I cleared the Aircraft X as filed direct ZZZ1 maintain 3,000 ft. I did not realize their route eventually put them through the small circled area that has an MEA of 3,100 ft. I only became aware after they had already entered this area that they were 100 feet low. The event occurred because I failed to consider that small area in that had an MEA at 3100 ft. But I should have checked that considering the aircraft was so low on IFR flight plan. I don't think there is any change necessary to prevent re-occurrence of this event. I'd just say that personally I should have had more awareness of the airspace and MEAs and checked if the aircraft was going to go through any areas with an MEA higher than 3,000 ft. Thankfully the aircraft was only 100 ft. low for a short time and there was no incident. However I will be extra careful to avoid this mistake in the future.

## Synopsis

A Center Controller reported they issued a direct routing to a helicopter which placed it 100 ft. below the Minimum Enroute Altitude.

## Time / Day

Date : 202210  
Local Time Of Day : 0601-1200

## Place

Locale Reference.ATC Facility : N90.TRACON  
State Reference : NY  
Relative Position.Angle.Radial : 212  
Relative Position.Distance.Nautical Miles : 11.6  
Altitude.MSL.Single Value : 2000

## Environment

Flight Conditions : VMC  
Weather Elements / Visibility.Visibility : 10  
Light : Daylight  
Ceiling.Single Value : 30000

## Aircraft : 1

Reference : X  
ATC / Advisory.TRACON : N90  
Aircraft Operator : Air Carrier  
Make Model Name : Helicopter  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Flight Plan : VFR  
Mission : Ambulance  
Flight Phase : Cruise  
Route In Use.Other

## Aircraft : 2

Reference : Y  
Make Model Name : Small Aircraft, Low Wing, 1 Eng, Fixed Gear  
Crew Size.Number Of Crew : 1

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : Air Carrier  
Function.Flight Crew : Pilot Flying  
Function.Flight Crew : Single Pilot  
Qualification.Flight Crew : Flight Instructor  
Qualification.Flight Crew : Air Transport Pilot (ATP)  
Qualification.Flight Crew : Instrument  
Experience.Flight Crew.Total : 3500  
Experience.Flight Crew.Last 90 Days : 75  
Experience.Flight Crew.Type : 500  
ASRS Report Number.Accession Number : 1943774  
Human Factors : Situational Awareness



## Events

Anomaly.Conflict : NMAC  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 500  
Miss Distance.Vertical : 200  
When Detected : In-flight  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

While traveling westbound on the helicopter route crew noted traffic at 12 o'clock same altitude. I observed the airplane was flying in the same direction and altitude as us. I saw it make a couple of small erratic turns after which the plane banked hard to the left and turned completely around headed directly towards us. I immediately lowered the collective and dove to avoid the oncoming aircraft. I was unable to observe the minimum distance between us as he was approaching from the opposite side of the aircraft from my seat (right seat). I descended a total of 1000 ft. as I was unable to determine his location and wanted to ensure we had sufficient separation. A crew member in the back noted they had visual contact and that the airplane was moving away from us.

## Synopsis

Helicopter pilot reported a NMAC with a light aircraft in the vicinity of ISP airport.

## Time / Day

Date : 202208

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : ZZZ.TRACON

State Reference : US

Altitude.MSL.Single Value : 8000

## Aircraft

Reference : X

ATC / Advisory.TRACON : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : PC-12

Operating Under FAR Part : Part 91

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : Vectors

Airspace.Class E : ZZZ

## Person

Location Of Person.Aircraft : X

Location Of Person.Facility : ZZZ.TRACON

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 14

ASRS Report Number.Accession Number : 1922114

Human Factors : Distraction

Human Factors : Situational Awareness

Human Factors : Workload

Human Factors : Confusion

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation - Altitude : Overshoot

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Anomaly.Inflight Event / Encounter : CFTT / CFIT

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Flight Crew : Returned To Clearance

Result.Air Traffic Control : Issued New Clearance

Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Airspace Structure

Contributing Factors / Situations : Company Policy

Contributing Factors / Situations : Environment - Non Weather Related

Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Airspace Structure

## Narrative: 1

MEDVAC was at 9,000 ft. in the downwind for LDA Runway XX. Was given a 090 heading. Was then turned to a heading of 070 to miss R-XXXX, active below 9,000 ft, and a descent to 8,000 ft. MEDVAC was turned to join XX LDA. I issued the clearance right as the aircraft was at 8,100 ft. MEDVAC said they have 7,000 ft. but will stop at 8,000 ft. and read back the rest of approach clearance. The aircraft advised they would stop at 8,000 ft. so no further action was taken other than to confirm the altitude was 8,000 ft. The MEDVAC got down to 7,600 ft. right prior to starting a climb back to 8,000 ft. 1.5 miles prior to entering a 6,500 ft. MVA. No SA (Safety Alert) was given as the aircraft was not in an unsafe proximity to the terrain and had already been advised of the appropriate altitude and was taking action before descending below the 8,000 ft. MVA Thought this was clearly a pilot error. Extra headings were given to miss R-XXXX. This in the past was always active to below 8,000 ft. This worked for years. They never needed 9,000 ft. before but always seem to take it now for no apparent reason. This is right under the finals for ZZZ Airport and we lose a usable altitude to accommodate for what seems a pointless necessity. Range Control should only used what they need and not take precious airspace just because they can. Ideally this restricted area should be completely re-evaluated. There was never a proper impact study done and it is in a dangerous area for live fire military activities. Everything they do can be accomplished in the western portion of the Restricted area.

## Synopsis

TRACON Controller reported an aircraft on vectors to avoid special use airspace descended below their assigned altitude and below the Minimum Vectoring Altitude.

## Time / Day

Date : 202207

Local Time Of Day : 1801-2400

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Relative Position.Angle.Radial : 203

Relative Position.Distance.Nautical Miles : 1

Altitude.AGL.Single Value : 0

## Environment

Weather Elements / Visibility : Turbulence

Weather Elements / Visibility : Windshear

Weather Elements / Visibility.Visibility : 10

Light : Daylight

Ceiling.Single Value : 5000

## Aircraft

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : Super King Air 200

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 91

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Initial Climb

Route In Use : None

Airspace.Class D : ZZZ

## Person

Location Of Person.Aircraft : X

Reporter Organization : Personal

Function.Flight Crew : Captain

Function.Flight Crew : Single Pilot

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Multiengine

Qualification.Flight Crew : Air Transport Pilot (ATP)

Experience.Air Traffic Control.Supervisory : 6501

Experience.Flight Crew.Total : 25000

Experience.Flight Crew.Last 90 Days : 55

Experience.Flight Crew.Type : 2500

ASRS Report Number.Accession Number : 1920301

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Situational Awareness

Human Factors : Human-Machine Interface

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : ATC

## Events

Anomaly.Deviation - Altitude : Excursion From Assigned Altitude  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : FAR  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Automation : Air Traffic Control  
When Detected : In-flight  
Result.General : None Reported / Taken

## Assessments

Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

Departing ZZZ to Location at ZZZ1 yesterday (Day) the Tower Controller issued a new heading after we had begun our taxi. As a single pilot I elected not to stop and write the new clearance down and instead bugged the new heading and read it back, receiving no further comment. I honestly do not recall if the new clearance included which direction to turn or, if so, if I read it back. In any case on departure I made a turn to the west instead of the east turn which the controller expected and which would have been indicated by the traffic pattern. I was well above pattern altitude when I began my turn. At no time was I in IMC and there was no conflicting traffic but the Departure Controller asked me to call the tower when I landed, which I did. The controller I had the issue with was off shift by the time I landed and the gentleman I spoke with explained that by turning west I had flown into an area while below the minimum IFR vectoring altitude for that segment. Today on an identical departure from ZZZ to ZZZ1 the controller issued me the same heading but he specified "cleared via radar vectors" and specified the left (east) turn.

## Synopsis

Pilot reported they were unsure of which heading to fly during departure in IMC and flew into an area below the minimum IFR vectoring altitude.

## Time / Day

Date : 202207

Local Time Of Day : 0001-0600

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Altitude.AGL.Single Value : 0

## Environment

Flight Conditions : VMC

Light : Night

## Aircraft

Reference : X

Aircraft Operator : Corporate

Make Model Name : King Air C90 E90

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Parked

Maintenance Status.Maintenance Deferred : N

Maintenance Status.Records Complete : N

Maintenance Status.Released For Service : Y

Maintenance Status.Required / Correct Doc On Board : N

Maintenance Status.Maintenance Type : Scheduled Maintenance

Maintenance Status.Maintenance Items Involved : Testing

Maintenance Status.Maintenance Items Involved : Installation

## Component

Aircraft Component : Navigation Database

Aircraft Reference : X

Problem : Improperly Operated

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Corporate

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Commercial

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Multiengine

ASRS Report Number.Accession Number : 1917355

Human Factors : Communication Breakdown

Human Factors : Troubleshooting

Human Factors : Confusion

Human Factors : Situational Awareness

Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : Ground Personnel

## Events

Anomaly.Aircraft Equipment Problem : Critical  
Anomaly.Deviation / Discrepancy - Procedural : MEL / CDL  
Anomaly.Deviation / Discrepancy - Procedural : Maintenance  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : FAR  
Detector.Person : Flight Crew  
Were Passengers Involved In Event : N  
When Detected : Routine Inspection  
When Detected : Aircraft In Service At Gate  
Result.General : Flight Cancelled / Delayed  
Result.General : Maintenance Action

## Assessments

Contributing Factors / Situations : Aircraft  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Human Factors

## Narrative: 1

On Date, I received a phone call prior to shift change from the day pilot, telling me he would be slightly late to meet me because he was in ZZZ1 on a patient transport. He also advised me, as a heads up for my oncoming shift, about an issue regarding the Garmin 725 GPS in our airplane, Aircraft X, concerning a NAV data change/update switching to Jeppesen from the Garmin NAV data in that was previously installed. He told me that new NAV data card wasn't communicating properly with the terrain and obstacle information on the other installed Garmin card making the TAWS inoperable. He said he researched and discussed with our Manager, and that the issue could not be MELed to their understanding but that it was legal to fly as long as the NAV data was current and functioning properly. I expressed that their findings were not consistent with my interpretation of the regulations, MEL, or past experience with how the same scenario was handled with a previous part 135 employer. I suggested that he leave the airplane there and fly the spare, Aircraft Y, back to ZZZ and let Maintenance resolve it. He assured me that they deduced it was legal to fly and that the preference from Maintenance was for Aircraft X to go back to ZZZ and for the mechanic based there to fix the problem the following day. I deferred to their decision as Name is both a seasoned pilot and Aviation Maintenance Technician, had already flown a flight that way, and Name 1 is our Manager, though in truth, this did not sit well with me. Towards the end of my shift the following morning, Date 1, I received a flight request to transfer a patient from ZZZ to ZZZ1. We departed ZZZ at XA:25 with the patient and med crew onboard on an IFR departure/flight plan to ZZZ1 in VFR conditions, and returned to ZZZ with the med crew onboard at XD:02 also on an IFR departure/flight plan in VFR conditions. Although both flights were IFR and thus terrain and obstacle protected by ATC, the TAWS system was indeed inoperable for the duration of both flights and, as would become clear later, not legal without an MEL sign off. Name was there to meet me for the pilot shift change briefing and his preflight. I communicated to him that it was my belief that we needed to have Maintenance resolve the TAWS issue before he and I accepted any further flights and he agreed. The ZZZ assigned company mechanic could not resolve the problem, but he and Name did find from escalating the issue to various company maintenance superiors that it was indeed not legal to fly unless an MEL sign off was

processed, yet was actually eligible for a 2-day MEL, which is what the mechanic then completed. I don't think Maintenance should have even released the airplane back in service to the pilots after switching out the NAV data and having this issue, knowing full well that the TAWS system was inoperable. That said, as the pilot in command (PIC), I should have asserted my belief and interpretation that the airplane was not airworthy in its current state and escalated the issue myself to get a resolution, instead of resigning myself to the conclusion that the previous pilot and Manager came up with.

## Synopsis

Captain reported concerns over operation of an aircraft with an out of date NAV database that should have been deferred. The aircraft was later given the correct MEL as required.



## Time / Day

Date : 202206

Local Time Of Day : 0601-1200

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Relative Position.Angle.Radial : 270

Relative Position.Distance.Nautical Miles : 1

Altitude.AGL.Single Value : 600

## Environment

Flight Conditions : VMC

Weather Elements / Visibility.Visibility : 10

Light : Daylight

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Corporate

Make Model Name : S-76/S-76 Mark II

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : None

Mission : Ambulance

Flight Phase : Initial Climb

Route In Use : Direct

Airspace.Class D : ZZZ

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Military

Make Model Name : Fighter

Crew Size.Number Of Crew : 1

Mission : Aerobatics

Flight Phase : Final Approach

Airspace.Class D : ZZZ

## Person

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Function.Flight Crew : Single Pilot

Qualification.Flight Crew : Air Transport Pilot (ATP)

Qualification.Other

Experience.Flight Crew.Total : 5524

Experience.Flight Crew.Last 90 Days : 49

Experience.Flight Crew.Type : 2924

ASRS Report Number.Accession Number : 1913346

Human Factors : Communication Breakdown  
Human Factors : Situational Awareness  
Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : NMAC  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 200  
Miss Distance.Vertical : 200  
When Detected : In-flight  
Result.General : None Reported / Taken

## Assessments

Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

Aircraft Y were arriving at ZZZ for an air show in the following days. Each Aircraft Y does a high speed fly over and break before coming into land. I had just refueled at the FBO after completing a flight and had a follow on flight to ZZZ so I was medevac status. The Aircraft were landing on Runway XX. I informed the Tower that we were medevac status with a destination of ZZZ and stated my on course heading which I believe was 230 degrees. I requested a departure from the intersection on X and Y Taxiways with the initial takeoff North (because of winds) with a turn to the West. This intersection is North of Runway XX so I would have to cross the Runway XX centerline at some point. Since there was a Aircraft Y West of the airport preparing to land, my plan was to head West and pass behind the Aircraft Y before turning on course. I was cleared for takeoff per my request. While heading West the Tower Controller told me to turn on course and I believe the phraseology was as soon as possible or something similar. At this time our helicopter was not yet behind the Aircraft Y which was approaching fast for Runway XX so this turn on course put our aircraft directly in the path of the Aircraft Y. On takeoff I was given an altitude restriction of 800 ft. AGL which I was well below at approximately 600 ft. AGL. the Aircraft Y was not landing but doing his high speed pass over the runway so its closer rate was extremely fast. What happened was we met in very close proximity on the runway centerline. The distance made me and the medical crew very uncomfortable. In hindsight I should have let Tower know my intentions of continuing West to get behind the Aircraft Y before turning on course. I also could have requested to continue West when the Tower Controller instructed me to turn on course in the flight path of the approaching jet. After the close encounter the Tower Controller apologized to the Aircraft Y pilot.

## Synopsis

Helicopter pilot reported an NMAC during departure with a military fighter doing a high speed pass over the runway. Tower controller issued helicopter a takeoff clearance which put them into the flight path of the fighter.

## Time / Day

Date : 202206  
Local Time Of Day : 0001-0600

## Place

Locale Reference.Airport : ZZZ.Airport  
State Reference : US  
Relative Position.Distance.Nautical Miles : 5  
Altitude.MSL.Single Value : 3000

## Environment

Flight Conditions : Mixed  
Weather Elements / Visibility : Haze / Smoke  
Weather Elements / Visibility.Visibility : 10  
Ceiling.Single Value : 2200

## Aircraft

Reference : X  
ATC / Advisory.TRACON : ZZZ  
Aircraft Operator : Air Taxi  
Make Model Name : King Air C90 E90  
Crew Size.Number Of Crew : 1  
Operating Under FAR Part : Part 135  
Flight Plan : IFR  
Mission : Ambulance  
Flight Phase : Final Approach  
Route In Use : Direct  
Airspace.Class C : ZZZ

## Component

Aircraft Component : Autopilot  
Aircraft Reference : X  
Problem : Improperly Operated

## Person

Location Of Person.Aircraft : X  
Location In Aircraft : Flight Deck  
Reporter Organization : Air Taxi  
Function.Flight Crew : Single Pilot  
Function.Flight Crew : Pilot Flying  
Qualification.Flight Crew : Air Transport Pilot (ATP)  
Qualification.Flight Crew : Instrument  
Qualification.Flight Crew : Multiengine  
Experience.Flight Crew.Total : 3600  
Experience.Flight Crew.Last 90 Days : 60  
Experience.Flight Crew.Type : 400  
ASRS Report Number.Accession Number : 1909401

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Deviation - Altitude : Excursion From Assigned Altitude  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Automation : Air Traffic Control  
Detector.Person : Flight Crew  
When Detected : In-flight  
Result.Flight Crew : Returned To Clearance  
Result.Flight Crew : Became Reoriented  
Result.Air Traffic Control : Issued Advisory / Alert

## Assessments

Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

On vectors for visual approach, At 8 miles abeam airport couldn't see airport so Approach gave vectors for ILS. Final turn on to localizer was close and initial vector wasn't enough to join so aircraft flew through localizer. During the continued turn the autopilot was inadvertently disconnected from the yoke which allowed the aircraft to descend below the assigned altitude while getting established on the approach. The situation was recognized and corrective action was taking place as Approach Control gave an altitude warning. The aircraft was stabilized and the approach was continued in VMC and a safe landing was made without incident.

## Synopsis

King Air C90 E90 pilot reported during approach the autopilot was inadvertently disconnected, resulting in an excursion from assigned altitude and a low altitude warning from ATC.

## Time / Day

Date : 202205

Local Time Of Day : 0001-0600

## Environment

Flight Conditions : VMC

Light : Night

## Aircraft

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : Helicopter

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Mission : Ambulance

Flight Phase : Landing

Airspace.Class E : PCT

## Component

Aircraft Component : VHF

Aircraft Reference : X

Problem : Malfunctioning

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Contracted Service

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Air Transport Pilot (ATP)

ASRS Report Number.Accession Number : 1905056

Human Factors : Distraction

Human Factors : Troubleshooting

Human Factors : Workload

Human Factors : Communication Breakdown

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Aircraft Equipment Problem : Less Severe

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Ground Event / Encounter : Ground Equipment Issue

Detector.Person : Flight Crew

When Detected : In-flight

Result.Flight Crew : Overcame Equipment Problem

## Assessments

Contributing Factors / Situations : Aircraft

Contributing Factors / Situations : Equipment / Tooling

Contributing Factors / Situations : Environment - Non Weather Related

Primary Problem : Equipment / Tooling

## Narrative: 1

VHF radio interference on short final to landing at night at the interim helipad for Shady Grove Hospital (Rockville). Something, most likely the Landing Zone lighting equipment, creates full, steady static on VHF radios in the range of 123.00 to 135.00. This total static interference happens only at night and has been experienced by several pilots at the same parking lot Landing Zone numerous times, but only at night. This creates communication difficulties within the aircraft during a challenging phase of flight, during a challenging time of day at night. These events impact the last 10 seconds, 100 ft. of flight into a parking surrounded by trees on three sides and elevated parking lot lights on the other. This location accounts for XX percent of the company's transports over the past 3 months (XX transports) so this issue is an often re-occurring one. We suspect that an LED light bulb on either the new ground lights (green) or the illuminated windsock (white) could be the issue. Faulty bulb needs to be found and replaced.

## Synopsis

Helicopter pilot reported VHF Radio interference at night while landing at the Shady Grove Hospital in Rockville, Maryland creates communications difficulties during a critical phase of flight. This is a recurring issue, reportedly caused by faulty ground lighting at the Landing Zone.

## Time / Day

Date : 202204

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

## Environment

Flight Conditions : VMC

Light : Daylight

## Aircraft

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : MBB-BK 117 All Series

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Nav In Use : GPS

Nav In Use : FMS Or FMC

Flight Phase : Initial Approach

Route In Use : Visual Approach

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Contracted Service

Function.Flight Crew : Pilot Flying

Function.Flight Crew : Captain

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Air Transport Pilot (ATP)

ASRS Report Number.Accession Number : 1895808

Human Factors : Communication Breakdown

Human Factors : Situational Awareness

Human Factors : Time Pressure

Human Factors : Troubleshooting

Human Factors : Workload

Human Factors : Other / Unknown

Human Factors : Distraction

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : Other

## Events

Anomaly.Conflict : Ground Conflict, Critical

Anomaly.Deviation / Discrepancy - Procedural : Security

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : FAR

Anomaly.Ground Event / Encounter : Person / Animal / Bird  
Detector.Person : Flight Crew  
Were Passengers Involved In Event : N  
When Detected : In-flight  
Result.Flight Crew : Executed Go Around / Missed Approach  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Company Policy  
Contributing Factors / Situations : Environment - Non Weather Related  
Primary Problem : Ambiguous

## Narrative: 1

On final to ZZZ, we observed a pedestrian walking along the sidewalk that borders the far edge of the "helipad" - actually just a driveway they use as a helipad. We noted it out loud among the great and continued our approach. As we got closer, the pedestrian noticed us... and stopped walking directly at our 12 o'clock, approximately 30 ft. from our intended touchdown spot but still on the border of the landing area. He brought out his phone and proceeded to take pictures of us. We elected to wave-off and made a brief 360 turn while still about 0.1 miles from the pad. The pedestrian resumed his walk to his car - appeared to be a hospital employee - and we landed without incident. After shutdown, I asked the Security Officer, whom the pedestrian walked past to get to the landing area if he saw us wave off. He said yes. I asked him if he saw the pedestrian walk past him. He said yes. I told him that we waved off and delayed our landing due to the pedestrian. I then asked him why he did not stop the pedestrian from walking past the pad. His response was, "Ain't got nothing to do with me." I made sure that I was understanding correctly that he thinks that stopping the pedestrians from delaying medical care and keeping our operations safe was not part of his job. He responded affirmatively. Security and safety have never been a priority at ZZZ. Whether it's cars driving past, security cars that have their blue lights flashing and proceeding through the helipad / driveway while an aircraft is actually sitting on the pad, or pedestrian incursions, or the sloped driveway that passes for a helipad, or the lack of security vehicles that make the officers sometimes use their personal vehicles to block traffic - this place has always been a safety issue. This hospital is supposed to closed in the next few years as I understand it, and the sooner the better. Otherwise, a level, dedicated helipad with physical barriers would be great, instead of cones that blow away when we land. A remote landing zone might be safer for landing but I would expect vandalism to the aircraft if left unattended. No longer responding to flight requests from this hospital would also be appropriate.

## Synopsis

Helicopter Captain reported while attempting to land on the helipad, a person was standing near the landing area, requiring the pilot to execute a missed approach and go-around.



## Time / Day

Date : 202204

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : ZDV.ARTCC

State Reference : CO

Altitude.MSL.Single Value : 19000

## Aircraft

Reference : X

ATC / Advisory.Center : ZDV

Aircraft Operator : Air Taxi

Make Model Name : Small Transport

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Airspace.Class E : ZDV

## Person

Location Of Person.Aircraft : X

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 19

ASRS Report Number.Accession Number : 1894727

Human Factors : Time Pressure

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.No Specific Anomaly Occurred : Unwanted Situation

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.General : Flight Cancelled / Delayed

Result.Flight Crew : Requested ATC Assistance / Clarification

## Assessments

Contributing Factors / Situations : Company Policy

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure

Primary Problem : Company Policy

## Narrative: 1

Aircraft X was direct ZZZ4 coming from ZZZ2 sector 5 and PVD'd (pointed out) the aircraft to sector 13 to coordinate the direct routing. Once I received communication with the pilot I checked on the urgency of the Medevac status and the pilot stated it was the most

urgent situation needing direct so I relayed this information to sector 13. Sector 13 called me back and stated that D01 (Denver TRACON) denied the direct routing. I issued the LOA routing, (ZZZZZ.VX.ZZZ3.ZZZ4) and let my Supervisor on duty know that the aircraft had been denied direct ZZZ4 and that their situation was urgent. No change was allowed for the Medevac. The pilot gave the doctor's name and phone number and stated he hasn't had a more urgent situation and needed direct. I calculated the miles and it was approximately 30 extra miles the Aircraft X would fly. Please help with these. This is one in more than 10 medevacs that I have worked in the last couple months that have been denied direct routing from Denver TRACON (D01). Every one has been denied. Our ATM (Air Traffic Manager) has now even backed D01 and put out a memo that we are to follow the LOA routings on Medevacs. I recommend that we allow these aircraft to go direct. This is the first one that I have submitted just because of how urgent this one was.

## Synopsis

A Denver Center Controller reported Denver TRACON would not approve direct routing to destination for a Medevac flight requesting priority handling. The Center Controller reported this is a recurring issue and TRACON policy.

## Time / Day

Date : 202204

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Relative Position.Distance.Nautical Miles : 1

Altitude.MSL.Single Value : 3500

## Environment

Flight Conditions : VMC

Weather Elements / Visibility.Visibility : 10

Light : Daylight

Ceiling.Single Value : 25000

## Aircraft : 1

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : Bell Helicopter Textron Undifferentiated or Other Model

Crew Size.Number Of Crew : 3

Operating Under FAR Part : Part 135

Flight Plan : VFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : Direct

Airspace.Class G : ZZZ

## Aircraft : 2

Reference : Y

Make Model Name : PA-28R Cherokee Arrow All Series

Crew Size.Number Of Crew : 1

Flight Plan : VFR

Flight Phase : Cruise

Airspace.Class G : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Contracted Service

Function.Flight Crew : Single Pilot

Function.Flight Crew : Pilot Flying

Function.Flight Crew : Captain

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Commercial

Qualification.Flight Crew : Rotorcraft

Experience.Flight Crew.Total : 3200

Experience.Flight Crew.Last 90 Days : 30

Experience.Flight Crew.Type : 2000

ASRS Report Number.Accession Number : 1888981

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Workload

Human Factors : Communication Breakdown

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Conflict : NMAC

Detector.Person : Flight Crew

Miss Distance.Horizontal : 1000

Miss Distance.Vertical : 200

When Detected : In-flight

Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Airspace Structure

Contributing Factors / Situations : Human Factors

Primary Problem : Human Factors

## Narrative: 1

On Date at approximately XA39 we departed from the Hospital located next door to ZZZ airport in a EMS helicopter.I made an initial radio call and heard and seen no traffic in the pattern. A crew member aboard called out traffic at 10 to 11 o'clock at a low altitude, we were showing around 1500 ft. and climbing. The traffic appeared to be very low only a few hundred ft. above the ground and appeared to be circling over some houses. I made another radio call stating our altitude, intended flight path, and intended landing location, and still heard no radio traffic reply. As we were continuing our climb up to 3500 ft. and our desired heading, the airplane then rolled out of his turn, starting climbing to match our altitude and then turned at our 9 o'clock to a heading that would be direct to the left side of the helicopter. Not knowing his intentions and the climb rate he was ascending, I stopped my climb and leveled out at 2500 ft. The airplane then passed directly underneath our helicopter at approximately 200 ft. below according to my onboard traffic avoidance system. I thought perhaps the airplane had not seen us and was not monitoring the frequency or did not have a radio. My crew member then stated the aircraft had passed so close as he flew under us that he could see his face and made eye contact with the pilot of the airplane. We then started our climb again and the airplane turned his course to match ours, and then leveled off directly under the helicopter with his altitudes varying from 100 ft. to 300 ft. below us. Not knowing his intentions I continued to climb to try to create more vertical separation but the airplane continued to change his altitude to maintain around 200 ft. below us. I then started to change my direction by 10 degrees to the right but then the airplane changed his direction to match still flying directly under the aircraft and still keeping around 200 to 300 ft. below us. I then turned to left, again trying to get this airplane out from under us, but again he changed direction to match. I made several calls on the radio but did not receive any replies. The airplane then turned slight to move to our 5:00 position still at the same altitudes and remained there for approximately 1 minute, then he changed course to move his position to our 7:00, all this time he was probably less than 1/2 mile in separation from us horizontally and during these position changes was now matching our altitude again. The aircraft then started a slow turn to the left and finally was moving away from us. The aircraft was now off our 10 o'clock position and flying very low in mountainous terrain. A couple of minutes later as I was on final, I

heard him make a radio call that he was entering a left downwind for Runway XX at ZZZ1. My first thought as this situation happened was that the pilot didn't see us. It became clear though after the first near miss that the airplane pilot had a visual on us and apparently thought perhaps it would be funny to keep doing this. This whole occurrence lasted approximately 8 to 10 minutes. The pilot's actions were very dangerous and reckless. If I had not had two crew members to keep eyes on the airplane when he was not directly below me, or if I had not had a traffic avoidance system, this situation could have turned very bad. I could have been responding to a scene request and been landing in any of the fields below us in which case I could have been making altitude and heading changes that would have been unexpected by the airplane. I hope this pilot is contacted and at least educated of the dangers of his actions.

## Synopsis

Helicopter pilot reported a NMAC with another aircraft that appeared to be intentionally following them.

## Time / Day

Date : 202203

Local Time Of Day : 0601-1200

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Relative Position.Angle.Radial : 310

Relative Position.Distance.Nautical Miles : 4

Altitude.MSL.Single Value : 1800

## Environment

Flight Conditions : VMC

Weather Elements / Visibility.Visibility : 4

Ceiling.Single Value : 300

## Aircraft

Reference : X

ATC / Advisory.TRACON : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : PC-12

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Initial Approach

Route In Use.Other

Airspace.Class D : ZZZ

## Person

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Single Pilot

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Multiengine

Qualification.Flight Crew : Air Transport Pilot (ATP)

Qualification.Flight Crew : Flight Instructor

Experience.Flight Crew.Total : 9100

Experience.Flight Crew.Last 90 Days : 50

Experience.Flight Crew.Type : 400

ASRS Report Number.Accession Number : 1883808

Human Factors : Distraction

Human Factors : Human-Machine Interface

Human Factors : Situational Awareness

Human Factors : Workload

Human Factors : Confusion

## Events

Anomaly.Deviation - Altitude : Excursion From Assigned Altitude  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Inflight Event / Encounter : CFTT / CFIT  
Detector.Automation : Aircraft Terrain Warning  
Detector.Person : Flight Crew  
Detector.Person : Air Traffic Control  
Miss Distance.Vertical : 600  
When Detected : In-flight  
Result.Flight Crew : FLC complied w / Automation / Advisory  
Result.Flight Crew : Requested ATC Assistance / Clarification  
Result.Flight Crew : Executed Go Around / Missed Approach  
Result.Flight Crew : Became Reoriented  
Result.Air Traffic Control : Provided Assistance  
Result.Air Traffic Control : Issued New Clearance  
Result.Air Traffic Control : Issued Advisory / Alert

## Assessments

Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Chart Or Publication  
Contributing Factors / Situations : Software and Automation  
Contributing Factors / Situations : Procedure  
Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

I had been cleared for the ILS XX approach at ZZZ and directed to maintain 3,000 ft. until established. I was in VMC conditions with a broken layer well below my altitude. I was vectored to the final approach course and intercepted it utilizing GPS. Outside the FAF, I attempted to switch NAV sources from GPS to LOC. I believed I had set the NAV 1 radio to VLOC. I later discovered that I had selected VLOC in the NAV 2 radio which was why I was unable to find a LOC 1 setting in my NAV source menu. Switching NAV sources caused the autopilot to disconnect. When I was unable to locate a "LOC 1" in my NAV source menu, I became distracted by that issue and did not notice that the aircraft had entered a descent. When I did notice the descent, I incorrectly believed I was inside the FAF. Approximately ½ mile outside the FAF, I received a GPWS altitude alert. I responded to the alert by adding power and initiating a climb. Simultaneously, ATC issued a low altitude alert. I advised ATC that I was climbing and requested vectors for another approach. All of this occurred in VMC conditions above a low broken/scattered layer. The subsequent approach was completed without incident through a thin low broken/scattered cloud layer. Learning points. I will ensure that I closely monitor which radio I have configured for the approach. When the autopilot is engaged, I will ensure that I temporarily select HDG mode when changing NAV sources. When I had trouble with the NAV source selection, I should have reengaged the autopilot in HDG and ALT mode while I troubleshot the issue. If the issue could not be troubleshot in a timely manner, it would have been appropriate to request vectors for another approach, this would have provided additional time to identify the issue. While I regret that this incident occurred, I am thankful for my training which enabled me to immediately, and appropriately, respond to the GPWS message. In addition, I am appreciative of the alert ATC Controller who issued the low altitude alert. I am committed to lifetime learning and view this incident as a significant event that will help me be a more proficient pilot. I also plan to share with other pilots so that they may benefit from my learning experience.

## Synopsis

PC-12 pilot reported they switched NAV sources which caused the auto pilot to disconnect resulting in the aircraft descending too low on the approach and a Ground Proximity Warning along with an ATC Low Altitude Alert.



## Time / Day

Date : 202203

Local Time Of Day : 0601-1200

## Place

Locale Reference.ATC Facility : ZKC.ARTCC

State Reference : KS

Altitude.MSL.Single Value : 40000

## Aircraft

Reference : X

ATC / Advisory.Center : ZKC

Make Model Name : Small Transport, Low Wing, 2 Turbojet Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Airspace.Class A : ZKC

## Person

Location Of Person.Facility : ZKC.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 16

ASRS Report Number.Accession Number : 1882418

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Time Pressure

Human Factors : Workload

Human Factors : Situational Awareness

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation / Discrepancy - Procedural : FAR

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.General : None Reported / Taken

## Assessments

Contributing Factors / Situations : Airspace Structure

Contributing Factors / Situations : Environment - Non Weather Related

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

Aircraft X, a MEDEVAC, was filed into ZZZ. He requested priority handling and direct ZZZ with the controller at R24 in ZKC. When coordinated with the controller at ZDV, they were told unable. When asked why, ZDV controller informed ZKC controller that Denver approach does not accept any aircraft, including MEDEVAC, direct to their landing airport. R24 controller informed me, the OS (Operations Supervisor). I called ZDV Sector 17/18 OS to discuss further. ZDV OS said that it was a battle they had fought with Denver approach for years, and gave me the phone number to approach. I called and talked to the OS at Denver approach who said the Denver region had ruled that they were in the right, that they did not have to allow MEDEVAC aircraft to go direct despite their request for priority handling. When asked to elaborate, Approach OS said that it put them in too close proximity to outbound aircraft. I reminded them that when a MEDEVAC requests priority they are authorized to go direct that it is our responsibility as controllers to move other aircraft as necessary to miss them. Frustrated, Approach OS told me I could take it up with their OM (Manager). I then called to talk with their OM. He reiterated the same that the OS had, that they felt it put aircraft in unsafe proximity. I informed him also that it was our responsibility to move aircraft as needed to not delay a MEDEVAC that had requested priority handling. He informed me that the Denver regional office had told them what they were doing was OK. By doing this, they have created a culture that does not accommodate to MEDEVAC aircraft as we are required to do, causing confusion with not only other controllers, but also with pilots of these aircraft that are able to receive the correct priority handling anywhere else they request it. This confusion and refusal to accommodate results in an unsafe situation for the pilots expecting to be handled there the same way they are throughout the rest of the NAS. Denver approach should be appropriately accommodating MEDEVAC aircraft as we are required to do, and not causing confusion for controllers and pilots alike that do not understand why one airport has an inappropriate procedure in place that contradicts the procedures required and adhered to by the rest of the NAS.

## Synopsis

ZKC Controller reported not being able to let a Medevac aircraft go direct to an airport due to D01 Approach control not letting them. Reportedly, this is standard procedure and reporter expressed concern about the confusion it creates.

## Time / Day

Date : 202202

Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZZZ.ARTCC

State Reference : US

Altitude.MSL.Single Value : 30000

## Environment

Light : Night

## Aircraft

Reference : X

ATC / Advisory.Center : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Light Transport, Low Wing, 2 Turbojet Eng

Crew Size.Number Of Crew : 2

Operating Under FAR Part : Part 91

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Flight Phase : Climb

Airspace.Class A : ZZZ

## Component : 1

Aircraft Component : GPS & Other Satellite Navigation

Aircraft Reference : X

Problem : Failed

## Component : 2

Aircraft Component : DME

Aircraft Reference : X

Problem : Failed

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Function.Flight Crew : Captain

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Multiengine

Qualification.Flight Crew : Air Transport Pilot (ATP)

ASRS Report Number.Accession Number : 1879105

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Human-Machine Interface

Human Factors : Workload

## Events

Anomaly.Aircraft Equipment Problem : Critical  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Person : Flight Crew  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : Overcame Equipment Problem  
Result.Flight Crew : Diverted  
Result.Flight Crew : Became Reoriented  
Result.Flight Crew : Requested ATC Assistance / Clarification  
Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Aircraft  
Contributing Factors / Situations : Software and Automation  
Contributing Factors / Situations : ATC Equipment / Nav Facility / Buildings  
Primary Problem : Aircraft

## Narrative: 1

Lost GPS/FMS long range Nav capabilities at night on climb out of ZZZZ 30,000 ft. to 40,000 feet. Autopilot also was inoperable, possibly due to loss of Nav. Received error messages "heading ref fail/ADC input fail/400mhz ref fail/GPS 1 and 2 diff over 24NM/FMS diff over 24 NM and Position Uncertain" on the CDU. Center's controller asked if we were direct to ZZZ, I said I thought so but asked for a radar vector. This was after verifying our heading matched the compass. We then descended out of RVSM while hand flying. Now that I have had a chance to think about it, we could have been very far of course, that is why the controller asked if we were going direct, because we might not have been. We were able to get limited Nav capability by tuning in the VOR, but the DME didn't work on either pilot or copilot side. So we relied on radar vectors to a visual for the landing runway XX and landed uneventfully. Luckily our divert location, ZZZ, had nice weather. We originally on the way to ZZZ1. I did not declare an emergency because I was not requesting additional assistance (other than the vector) or having the fire trucks meet us on landing. Looking back on it, we should have declared an emergency in order to highlight ourselves. We did not have a patient on board. Since multiple, independent systems failed, an electrical problem could have caused this.

## Synopsis

Air ambulance jet pilot reported multiple navigation equipment failures and diverted to a nearby airport.

## Time / Day

Date : 202202

## Place

Altitude.AGL.Single Value : 0

## Environment

Flight Conditions : VMC

Light : Dawn

## Aircraft

Reference : X

Aircraft Operator : Air Taxi

Make Model Name : Eurocopter AS 350/355/EC130 - Astar/Twinstar/Ecureuil

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Mission : Ambulance

Flight Phase : Parked

## Component

Aircraft Component : DC Battery

Aircraft Reference : X

Problem : Malfunctioning

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Carrier

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Commercial

Qualification.Flight Crew : Instrument

ASRS Report Number.Accession Number : 1875909

Human Factors : Situational Awareness

Human Factors : Troubleshooting

## Events

Anomaly.Aircraft Equipment Problem : Critical

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Detector.Person : Flight Crew

Were Passengers Involved In Event : N

When Detected : Aircraft In Service At Gate

Result.General : Maintenance Action

Result.General : Flight Cancelled / Delayed

## Assessments

Contributing Factors / Situations : Aircraft

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure  
Primary Problem : Aircraft

## Narrative: 1

Batt V 23.2 prior to start, initiated start and Batt V dropped to 13.4V but recovered quickly through 14V. Continued scan of VEMD, T4 rising normally, oil pressure check, and when scanning back to Batt V, noticed T4 needle moving quickly. Moved start selector to OFF and immediately noted OVERLIMIT DETECTED on upper VEMD. Accessed Maintenance pages and noted T4 of 871'C. Batteries that are cycled through show good voltage on preflight / before start checks, but how they will respond to a starter load is an unknown. Future first flight of day starts during cold weather / cold aircraft will be Start Pak assisted.

## Synopsis

Eurocopter AS 350 pilot reported low battery voltage caused an engine over temperature on start. The engine start was discontinued and maintenance was notified.

## Time / Day

Date : 202201

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Altitude.AGL.Single Value : 1000

## Environment

Flight Conditions : VMC

Weather Elements / Visibility.Visibility : 10

Light : Daylight

## Aircraft : 1

Reference : X

ATC / Advisory.CTAF : ZZZ

Aircraft Operator : Personal

Make Model Name : M-20 E Super 21

Crew Size.Number Of Crew : 1

Flight Plan : None

Mission : Personal

Flight Phase : Final Approach

Airspace.Class E : ZZZ

## Aircraft : 2

Reference : Y

ATC / Advisory.CTAF : ZZZ

Make Model Name : Small Aircraft, High Wing, 1 Eng, Fixed Gear

Crew Size.Number Of Crew : 1

Flight Phase : Final Approach

Airspace.Class E : ZZZ

## Aircraft : 3

Reference : Z

ATC / Advisory.CTAF : ZZZ

Make Model Name : Helicopter

Crew Size.Number Of Crew : 1

Mission : Ambulance

Airspace.Class E : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Personal

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Multiengine

Qualification.Flight Crew : Commercial

Qualification.Flight Crew : Glider  
Qualification.Flight Crew : Instrument  
Experience.Flight Crew.Total : 1100  
Experience.Flight Crew.Last 90 Days : 10  
Experience.Flight Crew.Type : 250  
ASRS Report Number.Accession Number : 1873909  
Human Factors : Communication Breakdown  
Human Factors : Distraction  
Human Factors : Situational Awareness  
Human Factors : Confusion  
Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : Flight Crew

## Events

Anomaly.Conflict : NMAC  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Person : Flight Crew  
When Detected : In-flight  
Result.General : None Reported / Taken

## Assessments

Contributing Factors / Situations : Airport  
Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

I was flying my Mooney M20E. It was approximately XA: 15 pm. I was squawking 1200 with Mode C, and ADS-B (out) turned-on. The rotating beacon/strobe light was on. I was approaching ZZZ, from the northwest at about 2,400 ft. MSL (1,300 ft. AGL). Class B airspace overlays this area beginning at 3,000 ft. MSL. I was listening to ZZZ CTAF and heard a Cessna making position reports while making touch and go's, left traffic Runway XX. There was a piece of property I wanted to see that is approximately 6 miles west of ZZZ. I made a visual scan and made a left 360 degree turn at a bank angle varying between 20 and 30 degrees. I straightened out heading east toward ZZZ and reported, "**ZZZ traffic, Mooney, approximately 5 miles west, landing ZZZ.**" As I approached ZZZ descended to 2,100 ft. MSL, (Class B airspace begins at 2,400 MSL just east of ZZZ, and pattern altitude is 1,800 ft. MSL.) I again heard the Cessna reporting he was upwind and saw him above the runway. I reported, "**ZZZ traffic, Mooney, two miles west, will cross mid-field, left traffic, full stop XX. I have the Cessna on upwind and, Sir, I will follow you.**" The Cessna pilot called, "**Sir we have you in sight, we can extend our upwind and we'll be behind you.**" I reported, "**Thank you sir that will work. Mooney is now a half mile west about to cross mid-field, left traffic XX.**" At that moment I heard on ZZZ CTAF, "**Mooney, MEDEVAC, thank you for flying within 500 ft. of us.**" I was configuring my aircraft for landing and extending my landing gear. I immediately reported, "**ZZZ traffic, Mooney, crossing mid-field, left traffic for XX, MEDEVAC say again?**" I again heard, "**Mooney, MEDEVAC, thank you for flying within 500 ft. of us.**" I was immediately concerned I had failed to see or hear an aircraft in the pattern and I was in conflict with it. I was on downwind and about to turn left base, I reported, "**ZZZ traffic Mooney, left downwind XX. Sir, I'm sorry. I didn't hear you or see you, where are you?**" I heard, "**We were on ZZZ approach south.**" It seemed the MEDEVAC was not in the pattern and was somewhere



south of ZZZ. I did not hear any other communications from the MEDEVAC. I immediately asked a fellow pilot at the FBO if a MEDEVAC had been at ZZZ. He said no. I don't know what happened. I never saw the MEDEVAC and the other pilot did not communicate where this happened, his heading or altitude. My best guess is that this happened west of ZZZ, either as I flew a 360 degree turn around a property, approximately 6 miles to the west or as I flew east toward ZZZ to land. My radio contact with the MEDEVAC occurred at XA:20 pm. I don't believe I made any violations during this flight. I was diligent and clear of Class B airspace. If the helicopter was below me, I may not have seen it due to ground clutter, or the wing nose or window posts from my airplane. I believe I would have seen the other aircraft if it was above the horizon. I have learned some lessons from this event.

1. MEDEVAC helicopters often transit north to south and south to north, flying west of ZZZ. I should be especially diligent looking for them and other transiting traffic.
2. Be diligent scanning for traffic and making clearing turns while observing property.
3. Monitor ZZZ approach while flying beneath Class B airspace.
4. Turn on the landing light five miles of my destination.
5. I've purchased an ADS-B in capability.

## Synopsis

Pilot reported a NMAC with a MEDEVAC helicopter.

## Time / Day

Date : 202112

Local Time Of Day : 1801-2400

## Place

Locale Reference.Airport : OSU.Airport

State Reference : OH

Relative Position.Angle.Radial : 150

Relative Position.Distance.Nautical Miles : 3

Altitude.MSL.Single Value : 1800

## Environment

Weather Elements / Visibility.Visibility : 10

Weather Elements / Visibility.Other

Ceiling.Single Value : 25000

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : OSU

Aircraft Operator : Corporate

Make Model Name : Any Unknown or Unlisted Aircraft Manufacturer

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : VFR

Mission : Ambulance

Flight Phase : Landing

Route In Use : Visual Approach

Airspace.Class D : OSU

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : OSU

Make Model Name : Small Aircraft

Flight Plan : VFR

Flight Phase : Landing

Airspace.Class D : OSU

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Corporate

Function.Flight Crew : Single Pilot

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Rotorcraft

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Commercial

Experience.Flight Crew.Total : 18200

Experience.Flight Crew.Last 90 Days : 60

Experience.Flight Crew.Type : 1000  
ASRS Report Number.Accession Number : 1861662

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Conflict : NMAC  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 400  
Miss Distance.Vertical : 0  
When Detected : In-flight  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Airport  
Contributing Factors / Situations : Procedure  
Primary Problem : Airport

## Narrative: 1

While inbound to OSU from the SE contacted tower at 5 nm out for landing at North ramp. Was advise of traffic on downwind and reported in sight. Was told to report Bethel as approaching Bethel Tower instructed me to turn west. Responded turning west as I did Aircraft Y on downwind had closed closer than expected and the turn west place me in direct conflict head on. I had to increase bank to 40 degrees to avoid collision.

## Synopsis

Pilot reported while inbound to OSU, ATC instructed a turn to the west, which resulted in a NMAC with an aircraft in pattern.

## Time / Day

Date : 202111

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : ZZZ.Tower

State Reference : US

## Environment

Flight Conditions : VMC

Light : Night

## Aircraft

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Corporate

Make Model Name : EC135

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 91

Mission : Ambulance

Flight Phase : Initial Approach

Airspace.Class D : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Corporate

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Rotorcraft

Qualification.Flight Crew : Air Transport Pilot (ATP)

ASRS Report Number.Accession Number : 1860001

Human Factors : Situational Awareness

Human Factors : Time Pressure

## Events

Anomaly.Conflict : Airborne Conflict

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Flight Crew : Took Evasive Action

Result.Flight Crew : Became Reoriented

Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Environment - Non Weather Related

Contributing Factors / Situations : Human Factors

Primary Problem : Human Factors

## Narrative: 1

I was enroute from ZZZ1 to ZZZ and the duty runway was XX. There was a commuter jet on final to XX which I had in sight. Tower clearance received "clear to land runway XY, remain north of runway XX". I acknowledged the clearance and lined up for Runway XY with a deceleration and descent. My plan was to decelerate and descend to Runway XY to time it where I would receive clearance to continue down Runway XY (south of Runway XX and to the Company ramp) after the landing jet traffic had passed me. It being night time, Tower felt as if I was getting too close to Runway XY/XX intersection so Tower transmitted "[Call sign] Stop". I acknowledged the order, my airspeed was a too fast to stop safely so I opted to turn away (wave off) from the runway to the north. Shortly thereafter Tower stated to make a 180, then proceeded to clear me to the ramp without further incident. With it being night time, with opposing runway traffic landing I should have just opted to either 1) request a downwind for Runway XX and then land behind the jet traffic or 2) set the aircraft down on Runway XY and waited for the jet to pass and receive a new clearance from tower to proceed down Runway XY.

## Synopsis

Helicopter Pilot reported that while inbound for landing they did not stop the aircraft as directed by ATC, resulting in an airborne conflict with a jet landing on another runway.

## Time / Day

Date : 202111

Local Time Of Day : 1201-1800

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Relative Position.Angle.Radial : 170

Relative Position.Distance.Nautical Miles : 6

Altitude.MSL.Single Value : 400

## Environment

Flight Conditions : Mixed

Weather Elements / Visibility.Visibility : 6

Light : Daylight

Ceiling.Single Value : 900

## Aircraft

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Jet/Long Ranger/206

Operating Under FAR Part : Part 135

Flight Plan : None

Mission : Ambulance

Flight Phase : Cruise

Route In Use : Direct

Airspace.Class C : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Captain

Qualification.Flight Crew : Air Transport Pilot (ATP)

Qualification.Flight Crew : Rotorcraft

Qualification.Flight Crew : Instrument

Experience.Flight Crew.Total : 7500

Experience.Flight Crew.Last 90 Days : 75

Experience.Flight Crew.Type : 6000

ASRS Report Number.Accession Number : 1857902

Human Factors : Communication Breakdown

Human Factors : Situational Awareness

Human Factors : Training / Qualification

Human Factors : Workload

Human Factors : Time Pressure

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : ATC

## Events

Anomaly.Airspace Violation : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : FAR  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.General : None Reported / Taken

## Assessments

Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

Due to another helicopter inbound to the same HAA (Helicopter Air Ambulance) helipad I was occupying (ZZZ1), I had to hurry and leave medical crew to clear the pad and reposition to ZZZ. Weather was marginal as reported by ZZZ2 tower but above 1000/3. Enroute, the weather seemed lower towards ZZZ, I obtained ATIS V, reporting 6 mile vis and 900 BKN. I contacted ZZZ tower with request for landing at FBO and the ATIS id and I received the squawk code but I forgot to also request a SVFR clearance since it was controlled airspace with weather now below VMC at ZZZ. After my read-back and ZZZ verifying my position, to the best of my recollection, Tower stated something like "cleared into the charlie with special" and I replied "roger, inbound to [FBO] with victor". In hindsight, my mistake was that I forgot to ask for the SVFR clearance on initial call-up when I called to establish communications with the controlling agency, ZZZ Tower. Due to the haste of clearing the HAA helipad, deteriorating weather conditions (which were getting close to company weather minimums), flying at a lower altitude than normal (between 400 - 500 feet) and scanning outside more intently to avoid a potential collision with antennas because of the lower altitude, ongoing radio traffic chatter, I believe I was getting task-saturated and time-compressed. Also, I haven't had to use SVFR clearance in over at least 10 years so it didn't come to mind. In hindsight, had I "slowed down" and "pre-planned" in my mind for the possibility of lower VFR weather conditions or even weather below VFR minimums as opposed to MVFR conditions when I lifted, that might have allowed me to recall the requirement for the SVFR clearance if weather was less than 1000/3 and request it accordingly upon my initial call to ZZZ tower.

## Synopsis

Helicopter pilot reported not requesting a Special VFR clearance upon initial call to ATC to enter Class C airspace after the weather had gone below VFR conditions.

## Time / Day

Date : 202111

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : ZZZ.Tower

State Reference : US

## Environment

Flight Conditions : VMC

Light : Night

## Aircraft

Reference : X

ATC / Advisory.UNICOM : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : Eurocopter AS 350/355/EC130 - Astar/Twinstar/Ecureuil

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Mission : Ambulance

Flight Phase : Cruise

Airspace.Class D : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Captain

Function.Flight Crew : Pilot Flying

Qualification.Flight Crew : Commercial

Qualification.Flight Crew : Rotorcraft

ASRS Report Number.Accession Number : 1854017

Human Factors : Human-Machine Interface

Human Factors : Situational Awareness

Human Factors : Workload

Human Factors : Communication Breakdown

Communication Breakdown.Party1 : Flight Crew

Communication Breakdown.Party2 : ATC

## Events

Anomaly.Airspace Violation : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Anomaly.Deviation / Discrepancy - Procedural : FAR

Detector.Person : Other Person

When Detected.Other

Result.General : None Reported / Taken

## Assessments



Contributing Factors / Situations : Airspace Structure  
Contributing Factors / Situations : Human Factors  
Primary Problem : Human Factors

## Narrative: 1

I had accepted a late shift interfacility transfer flight. After doing a quick flight/ time planning I determined that I could complete the flight within my 14 hours, but extending beyond my 12 hour shift. We picked up at facility in ZZZ1 and dropping off in ZZZ. This is an area that this base does not frequently cover and an area that I have never flown through. During the flight to ZZZ1 I was looking over my route and entering necessary enroute frequencies into the radio queue. As I was looking over ZZZ, I had noticed the class E to the surface are extending to the northeast. With how Foreflight was set up and how a shaded barrier was overlaying the dashed blue line of the class D, I had determined on the fly, that the airspace was class E to the surface. This was while in flight. Thinking it was class E to the surface, I zoomed in and entered the UNICOM frequency and was broadcasting on it. I flew in, dropped the patient at the hospital and flew back out. After I got back to base, Company called me and said that the ZZZ ATC wanted me to call them. I called them and explained what had happened. This was me not thoroughly looking over the airspace like I should have. I need to be absolutely sure of the airspace I fly into, especially in areas that I have never been. I am sure complacency played a part as most airspace in the area, aside from the ZZZ2 Class B are either Class C or Class D. I have never had an airspace violation before. I am also an instructor and this is something that I make sure my students know very well. This event had an impact on me and I am certain, something like this will not happen again. I need to slow down and absolutely flight plan without multitasking before I take off.

## Synopsis

Helicopter Pilot reported an airspace incursion occurred when they flew through Class D airspace thinking it was Class E.

## Time / Day

Date : 202110

Local Time Of Day : 0601-1200

## Place

Locale Reference.ATC Facility : ZDV.ARTCC

State Reference : CO

Altitude.MSL.Single Value : 19000

## Aircraft : 1

Reference : X

ATC / Advisory.Center : ZDV

Aircraft Operator : Air Taxi

Make Model Name : Small Transport

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Airspace.Class A : ZDV

## Aircraft : 2

Reference : Y

ATC / Advisory.Center : ZDV

Aircraft Operator : Air Taxi

Make Model Name : Small Transport

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : Direct

Airspace.Class A : ZDV

## Person : 1

Location Of Person.Aircraft : X

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 10

ASRS Report Number.Accession Number : 1849787

Human Factors : Time Pressure

Human Factors : Other / Unknown

## Person : 2

Location Of Person.Aircraft : X

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 14  
ASRS Report Number.Accession Number : 1849789  
Human Factors : Troubleshooting  
Human Factors : Other / Unknown  
Human Factors : Time Pressure

## Events

Anomaly.ATC Issue : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Flight Crew : Requested ATC Assistance / Clarification

## Assessments

Contributing Factors / Situations : Company Policy  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Company Policy

## Narrative: 1

Aircraft X came off CAG VFR requesting an IFR clearance. After radar Identifying the aircraft, I gave them routing as filed which was CAG direct APA (which is inside of D01 (Denver TRACON) airspace). I advised the pilot that I would probably have to give them routing which would be LARKS.LARKS2.APA. I then verified with the pilot whether or not they were considered a Critical Medevac or not. The pilot verified that they had a patient on board and needed priority handling and wanted to stay direct to their destination. I then proceeded to call D01 west departures who would be the affected TRACON sector if the Medevac were to go direct and gave the information that the pilot gave me to that controller, and while on the line with the controller who multiple times told me he wanted to approve the expeditious routing responded that the Supervisor was walking by and said no to the Approval request that I was trying for this Critical Medevac. As I returned back to give the routing to the Pilot, they asked me if there was any way they could keep direct to help the patient, and I responded that it was up to D01 and they said full routing. The Pilot acknowledged, and then referenced his patient that they would try to keep them stable for the longer flight. This has been an ongoing problem that the controllers at D01 are unable to decide for themselves whether it is in their own good judgment or not to allow these Medevac flights more direct routing. On multiple occasions the receiving controller has indicated that they want to help these air ambulances, but now it appears they are threatened with possible disciplinary action if they allow more direct routing, even if there is no impact to their traffic. This is not the first critical that has been denied, and eventually there will be a death on one of these flights because they were rerouted and not given the priority that they needed, and the minutes that they could have saved with more direct routing could be all that it takes to save a life on these flights. I suggest that the receiving controllers should be the ones deciding if it is in their best judgment for the safe and expeditious flow of both their traffic and the proposed routing of these Medevacs rather than someone who is not working the sector.

## Narrative: 2

Aircraft Y was handed to me direct APA. I requested approval for direct with Denver TRACON. Was told unable. Informed the pilot they would have to be put on routing unless they had extenuating circumstances. Pilot informed me they were a "critical" flight. I again requested approval with TRACON with new critical information. Was told to put aircraft on

Letter of Agreement routing. Opted not to declare an emergency for the pilot, delayed a critical Medevac flight by putting it on a longer route. Within the last month or so, Denver TRACON has been unabling almost all Medevacs requested direct APA. There has not been an explanation as to why this is happening. I feel we are risking real human lives by delaying these Medevacs in flight. I do not feel like I am behaving safely by rerouting these aircraft onto longer routes, especially when the pilot of the aircraft describes the flight as critical. I recommend that either: TRACON stop blanket denying direct routes, Denver Enroute be encouraged to declare emergencies for these pilots when the controller deems it advisable or someone explain why this change has been made, and why Medevacs are better off flying longer routes.

## Synopsis

Denver Center Controllers reported Medevac flights requesting expedited routings and priority handling into APA are being denied by Denver TRACON.

## Time / Day

Date : 202110

Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZDV.ARTCC

State Reference : CO

Altitude.MSL.Single Value : 17000

## Aircraft : 1

Reference : X

ATC / Advisory.Center : ZDV

Make Model Name : Small Transport, Low Wing, 2 Turboprop Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Airspace.Class A : ZDV

## Aircraft : 2

Reference : Y

ATC / Advisory.Center : ZDV

Make Model Name : Small Transport, Low Wing, 2 Turboprop Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Airspace.Class A : ZDV

## Person : 1

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 9

ASRS Report Number.Accession Number : 1846379

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Training / Qualification

Human Factors : Troubleshooting

Human Factors : Workload

Human Factors : Situational Awareness

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : ATC

## Person : 2

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute  
Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 8  
ASRS Report Number.Accession Number : 1849193  
Human Factors : Communication Breakdown  
Human Factors : Confusion  
Human Factors : Workload  
Human Factors : Situational Awareness  
Human Factors : Time Pressure  
Human Factors : Training / Qualification  
Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : ATC

## Events

Anomaly.Airspace Violation : All Types  
Anomaly.ATC Issue : All Types  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : Clearance  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

Around XA: 30 local two MEDEVACs filed directly to their destinations. Aircraft X filed ZZZ direct BJC and Aircraft Y filed ZZZ1 direct APA. I went to relieve the controller on position when the following happened: Around XA: 33Z, the ZDV controller called west departure at D01 to APREQ both aircraft direct to their destinations. It was XA: 30 and it was slow. D01 responded with, "Unable." Then, the ZDV controller asked both MEDEVACs if they were critical. Aircraft Y said no and Aircraft X said yes. Around XA: 34Z, the ZDV controller called west departure at D01 again and explained that one was critical and one wasn't and that the non critical one, he'll take over the LARKS arrival but re-APREQ'd the critical Aircraft X direct BJC. D01 asked, "Is he an emergency?" ZDV Controller responded, "He's critical, yeah." D01 said, "I mean, you've got to have your sup call my sup." Around XA: 35Z the ZDV controller called the OM from the sector and explained the whole situation, ending it with, "So I'm asking you to call approach for a critical MEDEVAC." The OM asked for the call sign and said, "and did the pilot say what's critical? Did we solicit this? Did he say it's an emergency?" The ZDV controller re-explained how he had two MEDEVACs and took the noncritical one over the LARKS arrival and re-APREQ'd the critical one and that D01 said "no, have your sup call my sup." The OM replied, "OK, But did the airman say what was wrong?" The ZDV controller said, "No, I just said "are you critical and he said yes."" The OM said, "OK. So we solicited." The ZDV controller said "Yup." The OM said, "Alright, thank you." At that point, I decided to go up front to talk to the OMIC's to figure out what was going on. Keep in mind that the OM didn't tell the ZDV controller whether or not they were going to call and the controller assumes that the OM is going to call to APREQ this, so he's patiently waiting to hear back. That whole conversation was an absolute mess that accomplished nothing. I was told to have my NATCA counterparts do something, in which I

responded that we can't do anything for an active flight and that the only thing left to do is have our management call D01's management (just like D01 said to do) so we could get this critical MEDEVAC the most expeditious route. Per the 7110.65, "Good judgment must be used in each situation to facilitate the most expeditious movement of a MEDEVAC aircraft." This was at XA:30 and there was no west departure traffic. Ultimately, the OM's told me they wouldn't call because they believed they would just be told no and they didn't know what type of critical he was. Also, during this whole conversation, the ZDV controller is waiting to hear back from the OM to find out if this will be denied or not. If you look at ZZZ and run a simulation for Aircraft X continuing on direct BJC, the closest to any aircraft would have been Aircraft Z who was at FL180 2 miles west of BJC while Aircraft X would have been at pattern altitude around 7,000 ft MSL, 3 NM north of Aircraft Z's path. There's also no other IFR aircraft in or out of BJC at this time. There was one VFR C172, who would have touched down at BJC around XA:46Z, when Aircraft X would have been 15 mi west of BJC if he had stayed direct. You don't see another aircraft departing BJC until XA:55Z and Aircraft X would have touched down around XA:49Z, 6 min ahead of that departure. So I can't figure out why they wouldn't approve this except for the fact that D01 has released an internal memo co-signed by their union and management representatives that their controllers adhere to strict LOA guidelines IAW Attachment 5. However, MEDEVAC aircraft should never be included in a blanket denial of APREQ's, which they have been doing for about 3 weeks now. So I went back to the area to let the controller know that management wasn't going to call. At this point, Another controller had been instructed to break off the airspace due to some EBUS equipment that tech ops was working on, so another controller took over Aircraft X. Around XA:37Z, the new controller told Aircraft X that our management team was working on getting him direct, not knowing yet that they actually weren't. Aircraft X responded, "I hope so." Around XA:39Z, the new ZDV controller called the north west arrival gate to APREQ the critical MEDEVAC in the north west arrival gate since that was the closest arrival in proximity to Aircraft X. The D01 controller responded, "They won't let me take him either. It's not my call. They won't let me do it." The new ZDV controller said, "He's critical. I can't even take him over TOMSN?" The D01 controller responded, "If he's an emergency I can." So the new ZDV controller put Aircraft X on a heading towards the south west arrival gate to put him on the POWDR arrival that causes critical MEDEVAC Aircraft X to fly an additional 33 miles to get to BJC. Around XA:43Z the ZDV controller points Aircraft X out to D01 west. Around XA:45Z the new ZDV controller calls the D01 south west arrival gate for a manual hand off on Aircraft X. The D01 controller responds, "You can flash him straight to "L." He's point out approved." The new ZDV controller responds, "Uh, nope. They will not take him." The D01 controller replies, "They won't take him from right there?" Ultimately, this critical MEDEVAC, Aircraft X flies an additional 33 mi out of his way after we tried APREQing twice with D01 west, once with the OM, who wouldn't even make the phone call, and once with the D01 north west arrival controller who claimed it wasn't his call and said, "They won't let me do it." I'm not sure who "they" are but it seems malicious and negligent to just deny this and instruct other controllers to deny this as well. This is clearly in violation of the 7110.65 2-1-4 b.

1) Provide priority handling to civil air ambulance flights when the pilot, in radio transmissions, verbally identifies the flight by stating "MEDEVAC" followed by the FAA authorized call sign or the full civil registration letters/numbers. Good judgment must be used in each situation to facilitate the most expeditious movement of a MEDEVAC aircraft. I don't know how to fix this, which is why I'm reporting it. Our management won't help us out when they won't even make a phone call so our hands are completely tied. The only recommendation I can think of is some sort of audit be done on D01 from an outside source. As I stated in a previous report, per the 7110.65, "Good judgment must be used in each situation to facilitate the most expeditious movement of a MEDEVAC aircraft." A blanket unable and our management instructing us to stop APREQing ANYTING with D01 is

malicious and negligent, especially when we are dealing with air ambulances. When we drive on the street and see an ambulance coming, everybody pulls over so the ambulance, an emergency vehicle, can get to their destination as quickly as possible. I've been working here for almost XX years and we have always been able to accommodate MEDEVAC aircraft direct. Every now and then it was "unable" but it was very rare. To not look at every situation individually and evaluate it case by case to help move the MEDEVAC safely and expeditiously is shameful and a new low for D01. This is just one of many examples over the past few weeks. D01 has been making it very difficult to get and MEDEVACs direct. I don't know how to change the culture down there besides filling out an report, but its getting worse and worse and like I said, this is a new low. I just hope these reports bring attention to what's going on between ZDV and D01, especially since they're gambling with patients lives to prove whatever point they're trying to make. Unnecessarily delaying MEDEVACs EVERYTIME is not ethical and this needs to be reviewed ASAP.

## Narrative: 2

On night and around XA: 30, two MEDEVACs filed directly to their destinations. Aircraft X filed ZZZ direct BJC and Aircraft Y filed ZZZ1 direct APA. I was splitting out Sector 6 when the following happened: Around XA: 33Z, the ZDV controller called west departure at D01 to APREQ both aircraft direct to their destinations. It was XA: 30, local, and it was extremely slow. We were already in mid configuration and the only reason we had to split the sectors was because of a new rule that ZDV has put into place regarding backup channels. Anyway, extremely slow with no more than one proposed out the west gate. D01 responded with, "Unable." Then, the ZDV controller asked both MEDEVACs if they were critical. Aircraft Y said no and Aircraft X said yes. Around XA: 34Z, the ZDV controller called west departure at D01 again and explained that one was critical and one wasn't and that the non critical one, he'll take over the LARKS arrival but reAPREQ'd the critical Aircraft X direct BJC. D01 asked, "Is he an emergency?" ZDV Controller responded, "He's critical, yeah." D01 said, "I mean, you've got to have your sup call my sup." Around XA: 35Z the ZDV controller called the OM from the sector and explained the whole situation, ending it with, "So I'm asking you to call approach for a critical MEDEVAC." The OM asked for the call sign and said, "And did the pilot say what's critical? Did we solicit this? Did he say it's an emergency?" The ZDV controller reexplained how he had two MEDEVACs and took the noncritical one over the LARKS arrival and reAPREQ'd the critical one and that D01 said "No, have your sup call my sup." The OM replied, "OK, But did the airman say what was wrong?" The ZDV controller said, "No, I just said "are you critical and he said yes."" The OM said, "OK. So we solicited." The ZDV controller said "Yup." The OM said, "Alright, thank you." At that point, our union rep who was watching the whole thing unfold, decided to go up front to talk to the OMICs to figure out what was going on. Keep in mind that the OM didn't tell the ZDV controller whether or not they were going to call and the controller assumes that the OM is going to call to APREQ this, so he's patiently waiting to hear back. That whole conversation was an absolute mess that accomplished nothing. I was told that the OM told our union rep to have 'His NATCA counterparts do something', in which he responded that we can't do anything for an active flight and that the only thing left to do is have our management call D01's management (just like D01 said to do) so we could get this critical MEDEVAC the most expeditious route. Per the 7110.65, "Good judgment must be used in each situation to facilitate the most expeditious movement of a MEDEVAC aircraft." This was at XA: 30 and there was no west departure traffic. Ultimately, the OM's told our union rep that they wouldn't call because they believed they would just be told no and they didn't know what type of critical he was. Also, during this whole conversation, the ZDV controller is waiting to hear back from the OM to find out if this will be denied or not. If you look at ZZZ and run a simulation for Aircraft X continuing on direct BJC, the closest to any aircraft would have been Aircraft Z, who was at FL180 2 miles west of BJC while Aircraft X would have been at pattern altitude around



7,000 ft MSL, 3 NM north of Aircraft Z's path. There's also no other IFR aircraft in or out of BJC at this time. There was one VFR C172, who would have touched down at BJC around XA: 46Z, when Aircraft X would have been 15 mi west of BJC if he had stayed direct. You don't see another aircraft departing BJC until XA: 55Z and Aircraft X would have touched down around XA: 49Z, 6 min ahead of that departure. So I can't figure out why they wouldn't approve this except for the fact that D01 has released an internal memo co-signed by their union and management representatives that their controllers adhere to strict LOA guidelines IAW Attachment 5. However, MEDEVAC aircraft should never be included in a blanket denial of APREQ's, which they have been doing for about 3 weeks now. Continuing on, the union rep came back to the area to let the us know that management wasn't going to call. At this point, I had been instructed to break off the airspace due to some EBUS equipment that tech ops was working on, so another controller took over Aircraft X. Around XA: 37Z, I told Aircraft X that our management team was working on getting him direct, not knowing yet that they actually weren't. Aircraft X responded, "I hope so." Around XA: 39Z, I called the north west arrival gate to APREQ the critical MEDEVAC in the north west arrival gate since that was the closest arrival in proximity to Aircraft X. The D01 controller responded, "They won't let me take him either. It's not my call. They won't let me do it." I pressed, "He's critical. I can't even take him over TOMSN?" The D01 controller responded, "If he's an emergency I can." So then I put Aircraft X on a heading towards the south west arrival gate to put him on the POWDR arrival that causes critical MEDEVAC Aircraft X to fly an additional 33 miles to get to BJC. Around XA: 43Z, I point out Aircraft X out to D01 west. Around XA: 45Z I call the D01 south west arrival gate for a manual hand off on Aircraft X. The D01 controller responds, "You can flash him straight to "L." He's point out approved." I respond, "Uh, nope. They will not take him." The D01 controller replies, "They won't take him from right there?" Ultimately, this critical MEDEVAC, Aircraft X flies an additional 33 miles out of his way after we tried APREQing twice with D01 west, once with the OM, who wouldn't even make the phone call, and once with the D01 north west arrival controller who claimed it wasn't his call and said, "they won't let me do it." I'm not sure who "they" are but it seems malicious and negligent to just deny this and instruct other controllers to deny this as well. This is clearly in violation of the 7110.65 2-1-4 b. 1) Provide priority handling to civil air ambulance flights when the pilot, in radio transmissions, verbally identifies the flight by stating "MEDEVAC" followed by the FAA authorized call sign or the full civil registration letters/numbers. Good judgment must be used in each situation to facilitate the most expeditious movement of a MEDEVAC aircraft. I don't know how to fix this, which is why I'm reporting it. A good first step would be to thoroughly review our management team and figure out why they won't communicate with the controllers or OS team. And, this has been an issue here for years. Our OM team is never in the operation and are completely disconnected from what goes on down on the floor. Our OM management team refuse to help and communicate, which is why they wouldn't even make a phone call in this situation, so our hands are completely tied. It's the very least they can do and they can't even do that. They completely refuse to make a decision and would rather sit up front, do as little as possible, and collect a fat check. It's the epitome of government fraud, waste, and abuse. The only other recommendation I can think of is some sort of audit be done on D01 from an outside source. As I stated in a previous report per the 7110.65, "Good judgment must be used in each situation to facilitate the most expeditious movement of a MEDEVAC aircraft." A blanket unable and our management instructing us to stop APREQing ANYTING with D01 is malicious and negligent, especially when we are dealing with air ambulances. When we drive on the street and see an ambulance coming, everybody pulls over so the ambulance, an emergency vehicle, can get to their destination as quickly as possible. I've been working here for almost XX years and we have always been able to accommodate MEDEVAC aircraft direct. Every now and then it was "unable" but it was very rare. To not look at every situation individually and evaluate it case by case to help move the

MEDEVAC safely and expeditiously is shameful and a new low for D01. This is just one of many examples over the past few weeks. D01 has been making it very difficult to get and MEDEVACs direct. I don't know how to change the culture down there besides filling out an report but its getting worse and worse and like I said, this is a new low. I just hope these reports bring attention to what's going on between ZDV and D01, especially since they're gambling with patients lives to prove whatever point they're trying to make. Unnecessarily delaying MEDEVACs EVERYTIME is not ethical and this needs to be reviewed ASAP.

## Synopsis

Denver Center Controllers reported problems when trying to get priority handling with Denver TRACON on two MEDEVAC aircraft.

## Time / Day

Date : 202110

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : ZDV.ARTCC

State Reference : CO

## Aircraft

Reference : X

ATC / Advisory.Center : ZDV

Make Model Name : Small Transport, Low Wing, 2 Turboprop Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Descent

Airspace.Class A : ZDV

## Person

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 15

ASRS Report Number.Accession Number : 1846365

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Situational Awareness

Human Factors : Training / Qualification

Human Factors : Troubleshooting

Human Factors : Workload

Human Factors : Time Pressure

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation - Track / Heading : All Types

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Environment - Non Weather Related

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure

Primary Problem : Procedure

## Narrative: 1

I was training a D-side trainee at the time. Aircraft X filed ZZZ..APA. 20 minutes prior to entering the airspace of Denver Approach, my trainee APREQed the Medevac direct APA (entering their airspace near the arrival fix TBARR) for Medevac status and to avoid weather over LOA routing. We were told "unable for now" and that they'd call us back. A few minutes later, someone called back and said that the request is denied. We were told to put them over LOA routing. His words were quick and mumbled, so I asked him to repeat that he wanted us to put the Medevac over longer routing. He said that he wanted the aircraft over LOA routing and then he said something about us "signing" the LOA document that requires this routing for aircraft. I said that this is why we are calling for an APREQ. That person had already hung up the line by this point. He never gave his initials. There were NO other aircraft inbound over the northwest arrival gate and no competing aircraft over the LOA routing. The closest DEN arrival was going to be approximately 8 minutes away from TBARR when Aircraft X entered their airspace, with no other Denver terminal aircraft arriving from the northwest. There were moderately low ceilings in the area along with rain, so I imagine that the skydive aircraft at LMO weren't even going up (if that's a worry for them). This is a systemic issue. Denials on direct routing for Medevac aircraft are occurring multiple times a day. Not allowing priority for Medevac aircraft is against the 7110.65. It is also contrary to the compassion of most humans. We (not me personally) have spoken with several pilots and they are filing Medevac status for flights only when they need it. The controllers at Denver Center have been informed that the management at Denver Approach have told their controllers to not accept any direct routing on Medevac flights. We have actually had a controller state over the recorded line that he would "get in trouble" for approving direct. It is unacceptable for an air traffic facility to have a vendetta against another facility and, subsequently, put people's lives in danger. And it is even more outrageous that people in the role of management are forcing the workforce to potentially endanger people. I could go on and on about how wrong and upsetting these incidents are for us. I can imagine that many reports are being submitted. Something needs to be done.

## Synopsis

Denver Center Controller reported an ongoing problem with Denver TRACON not approving direct routing for MEDEVAC aircraft, to help expedite the aircraft.

## Time / Day

Date : 202110

Local Time Of Day : 1801-2400

## Place

Locale Reference.ATC Facility : ZDV.ARTCC

State Reference : CO

Altitude.MSL.Single Value : 20000

## Aircraft

Reference : X

ATC / Advisory.Center : ZDV

Make Model Name : Small Transport, Low Wing, 2 Turboprop Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Cruise

Route In Use : Vectors

Airspace.Class A : ZDV

## Person : 1

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 11

ASRS Report Number.Accession Number : 1846363

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Distraction

Human Factors : Time Pressure

Human Factors : Training / Qualification

Human Factors : Workload

Human Factors : Situational Awareness

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : ATC

## Person : 2

Location Of Person.Facility : ZDV.ARTCC

Reporter Organization : Government

Function.Air Traffic Control : Enroute

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 13

ASRS Report Number.Accession Number : 1846389

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Troubleshooting

Human Factors : Distraction

Human Factors : Situational Awareness

Human Factors : Time Pressure

Human Factors : Training / Qualification  
Communication Breakdown.Party1 : ATC  
Communication Breakdown.Party2 : ATC

## Events

Anomaly.Airspace Violation : All Types  
Anomaly.ATC Issue : All Types  
Anomaly.Deviation - Track / Heading : All Types  
Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy  
Anomaly.Deviation / Discrepancy - Procedural : FAR  
Detector.Person : Air Traffic Control  
When Detected : In-flight  
Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Environment - Non Weather Related  
Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

Aircraft X entered D01 airspace not in accordance with LOA and without prior approval. Sector 21 controller called to APREQ Aircraft X direct APA from the north gate. APA was landing north, and this route would not have saved him time or miles, so the D01 controller advised Sector 21 "unable" and to put the aircraft on the LOA approved routing. ZDV controller called the D01 controller back and advised him, "he IS coming" and then did just that. Violated airspace and procedures and put the D01 controller in a bad position. Disband ZDV and split up their airspace to be shared between the adjacent centers. For decades ZDV has proven they are not team players in the NAS and are becoming a detriment to safety. If safety is our number one priority, lets prove that by eliminating the problem. At a minimum the controller who egregiously violated D01 airspace and forced an aircraft into D01 airspace without approved coordination should receive maximum disciplinary action available.

## Narrative: 2

I would like to preface this event by stating that this is a hotly contested situation between 2 facilities (DEN ARTCC and DEN TRACON) right now and the policy that has been implemented by DEN TRACON which seems to fly in the face of the mission and guidelines of air traffic control which emphasizes safety and duty priorities defined in the 7110.65. It seems wrong on not only the level of giving undue delays to MEDEVAC aircraft as defined by the 7110.65, but also on a human level that eventually this could cost someone their life. I may have acted out of line, but this event involved a child on a critical MEDEVAC flight which is being denied priority handling and causing undue delays during what appeared to be a low traffic/low difficulty period in DEN TRACON's airspace. Apparently, all of the controllers are being told to deny almost every APREQ (Approach Requests) for direct to airports within DEN TRACON's airspace no matter what level of traffic they have. There was a document released recently that stated that APREQS could be accepted between the facilities, but they seem to be denying all of them regardless of that document for no good reason. This is unsafe and could be endangering the lives of the passengers in critical conditions on these flights. Again, I will act differently in future situations, but for the purpose of this one, I was getting very emotionally involved and acted too extremely. The situation occurred as follows. Aircraft X departed ZZZ and was

handed off to sector 21 currently on a direct route to APA. Aircraft X checked on at XA:04. I asked if they were critical today. They responded, "yes sir." I did double check that they were critical. At XA:00 I called the North Departure controller to APREQ trying to offer them at whatever altitude they would need them and to also offer them control. The TRACON controller's response was, "Ah, I am going to say unable, you can call and discuss it with the Sup." (During this time there were no departures out the north gate, nor were there any departures during the entire time this event occurred including well after the aircraft entered DEN TRACON's airspace). I saw that he had no departures and that given control they had plenty of time to blend them in with traffic from the Northeast. I also didn't at this point didn't feel that I had enough time to get into it with the supervisors calling back and forth. I began to let my emotions get the best of me and this is where I could have handled it differently. I responded, "Okay, I'm going to say, he's coming. I'll tell the Sup, but he's coming. Which altitude would you like him at. He's your control." He said, "It's not approved, you've got to approve it first." I think that they hung up on me and wouldn't answer my calls. Which I understand now he may have been working traffic in a different capacity out another gate or something, but I thought he was just disregarding me. I tried to call back and thought that he was ignoring me, so I tried to explain that the flight was critical and he was basically trying to stop an ambulance at a red light which is ridiculous. At this point I reached out to the MEDEVAC who should have the right of way and tried to explain what was going on and that I would fight for them to see how they wanted me to proceed. The basic answer was that they said that they would like me to see what I could do and that made me determined to fight for their right-of-way as defined in the 7110.65. (Again, in hindsight I could have handled it differently I realize that I was being Bull-headed and at this point maybe unprofessional.) I called North departure back and they picked up and asked if I was declaring an emergency for the MEDEVAC. I said that I would if I had to and then I tried to argue the point. I was upset and during my rant I think that they hung up again. I went back to the MEDEVAC and told them that the only way they would let them in is if I [requested priority] for them which I said that I was doing and that I would need their information as if it was an emergency. They said not to [give them priority] because they didn't want to stir the pot, but I was upset and I wanted to fight for what I thought was the right thing to do at the time. I [requested priority] for them because a turn at that point would be significant and head them towards weather. They said okay and gave me their information, 5 souls on board and 3 hrs of fuel remaining. The supervisor asked me to get the nature of the [priority situation] and the pilot responded that it was a critical patient that needed to get to the hospital. TRACON had taken the hand off by this point and I then shipped the MEDEVAC to approaches frequency. Another pilot thanked me for standing up for the MEDEVAC and I was basically in tears over the situation. Another controller came to get me out and I did my best to give the briefing, but I was very upset. Maybe I don't have the big picture all of the time and there could very well be a good reason to send a MEDEVAC on a critical mission over to an arrival gate sometimes, but there is also something so wrong about simply instructing controllers to deny any and all priority flights where people's lives could be at stake and who need the most expeditious handling possible. Whoever is telling them to do that is stripping the TRACON controller's ability to use good judgment in each situation and going against their own document that clearly said that APREQS would be reviewed and accepted on a case-by-case basis. They are flat out denying everything regardless of the scenario for what reasons I cannot fathom, but it uncaring un-dutiful and UNSAFE. I would suggest that someone step in to allow APREQS during low traffic periods an on a case-by-case basis more often.

## Synopsis

Denver Center Controllers reported problems with MEDEVAC aircraft and coordination with D01 TRACON.

## Time / Day

Date : 202110

Local Time Of Day : 1201-1800

## Place

Locale Reference.ATC Facility : D01.TRACON

State Reference : CO

## Aircraft

Reference : X

ATC / Advisory.TRACON : D01

Make Model Name : Light Transport, Low Wing, 2 Turbojet Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Descent

Airspace.Class E : ZDV

## Person

Location Of Person.Aircraft : X

Reporter Organization : Government

Function.Air Traffic Control : Other / Unknown

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 7

ASRS Report Number.Accession Number : 1846356

Human Factors : Communication Breakdown

Human Factors : Confusion

Human Factors : Situational Awareness

Human Factors : Training / Qualification

Human Factors : Workload

Human Factors : Time Pressure

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types

Anomaly.Deviation - Track / Heading : All Types

Anomaly.Deviation / Discrepancy - Procedural : Clearance

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Air Traffic Control : Separated Traffic

Result.Air Traffic Control : Provided Assistance

## Assessments

Contributing Factors / Situations : Human Factors

Contributing Factors / Situations : Procedure

Primary Problem : Procedure



## Narrative: 1

Aircraft X was a MEDEVAC aircraft arriving APA. ZDV initiated a "Medical Emergency" for this aircraft to try to force this aircraft direct to APA. Sector 27 at ZDV coordinated a "medical emergency" with DR4 without passing any pertinent information either to DR4 or via the phone to the supervisor. Aircraft X checked in with DR4, and the controller asked for more information regarding the emergency, and were informed by the pilot of Aircraft X that they weren't a medical emergency, however there was another actual Medical emergency on the previous frequency (Aircraft Y arriving DEN). ZDV regularly misapplies the intent of priority handling of MEDEVAC aircraft to allow the aircraft to proceed direct destination, and out of the traffic management initiatives involved at the destination airport. We aren't sure whether the Sector 27 controller confused the two medical aircraft, or they were willfully disregarding LOA procedures and TMI's. We have discussed MEDEVAC handling at length with ZDV and stated that their interpretation of what priority handling means is different in a terminal environment that it may be in a center environment. Often times, the best place for ALL aircraft, including MEDEVAC is on the appropriate STARS or LOA arrival routings. This allows D01 to more effectively and expeditiously handle all traffic in the terminal environment. This allows for a safer product for all traffic, and often provides MEDEVAC aircraft more expeditious service than direct destination.

## Synopsis

Denver TRACON Controller reported a problem associated with Denver Center and how the two facilities work MEDEVAC aircraft.

## Time / Day

Date : 202110

Local Time Of Day : 0601-1200

## Place

Locale Reference.ATC Facility : D01.TRACON

State Reference : CO

Altitude.MSL.Single Value : 21000

## Aircraft : 1

Reference : X

ATC / Advisory.TRACON : D01

Make Model Name : Small Transport, Low Wing, 2 Turbojet Eng

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Mission : Ambulance

Flight Phase : Descent

Airspace.Class E : ZDV

## Aircraft : 2

Reference : Y

ATC / Advisory.Center : ZDV

Make Model Name : Small Aircraft, Low Wing, 2 Eng, Retractable Gear

Crew Size.Number Of Crew : 2

Flight Plan : IFR

Flight Phase : Initial Climb

Airspace.Class E : ZDV

## Person

Location Of Person.Facility : D01.TRACON

Reporter Organization : Government

Function.Air Traffic Control : Other / Unknown

Qualification.Air Traffic Control : Fully Certified

Experience.Air Traffic Control.Time Certified In Pos 1 (yrs) : 11

ASRS Report Number.Accession Number : 1846353

Human Factors : Communication Breakdown

Human Factors : Situational Awareness

Human Factors : Confusion

Communication Breakdown.Party1 : ATC

Communication Breakdown.Party2 : ATC

## Events

Anomaly.ATC Issue : All Types

Anomaly.Conflict : Airborne Conflict

Anomaly.Deviation - Track / Heading : All Types

Anomaly.Deviation / Discrepancy - Procedural : Published Material / Policy

Detector.Person : Air Traffic Control

When Detected : In-flight

Result.Air Traffic Control : Provided Assistance

Result.Air Traffic Control : Issued Advisory / Alert  
Result.Air Traffic Control : Issued New Clearance

## Assessments

Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Procedure

## Narrative: 1

I am reporting this event after it was brought to my attention by the controller working the sector. I reviewed and derived details of the event from the FALCON replay. XA: 11Z: ZDV apreqs Aircraft X direct to APA as "Critical" which would have the aircraft track over SOLAR on the D01/ZDV boundary. No altitude was specified. The DR4 controller accepts the apreq. This aircraft should have originally be assigned the ZOMBZ3 arrival. XA: 21Z: DR4 conducts a position relief briefing without mentioning that an aircraft had been approved direct APA. XA: 30Z: ZDV Sector 41 initiates a hand off of Aircraft X roughly 10 miles south of SOLAR descending out of FL240 to 17,000. ZDV41 calls DR4 and states that they weren't sure what was coordinated as the coordination was roughly 30 minutes prior, they also request control on Aircraft Y. Aircraft Y had been a departure from APA pointed out from SR4 to DR4 to climb to FL200 for the ALS transition, which routes over SOLAR southbound. This aircraft was in direct conflict with Aircraft X as Aircraft X was assigned 17,000 from ZDV without coordination. DR4 stops Aircraft X at FL210 as soon as the pilot checked in. No LoSS occurred. DR has to then vector and descend Aircraft X through several DEN departures well east of APA and sequence Aircraft X behind slower turboprop traffic because that was the only place to effectively fit them into the flow of APA traffic. Had Aircraft X been routed via the ZOMBZ3 arrival, they would have been de-conflicted with Aircraft Y and all of the DEN traffic. Aircraft X would have likely been cleared direct to APA within D01 airspace and expedited to the airfield because there was less traffic west of APA. We are having a significant issue between ZDV and D01 regarding priority handling of MEDEVAC aircraft. Situations like this highlight exactly the reasons we have tried to explain to ZDV that simply direct destination is NOT advantageous to all aircraft. In fact, it often times delays MEDEVAC aircraft even more and is clearly unsafe. We have discussed this issue with NATCA and Management at ZDV several times now, however they refuse to comply with the LOA because their interpretation of priority handling is not consistent with reality of the NAS in general, and expeditious terminal operations.

## Synopsis

D01 TRACON Controller reported issues with a MEDEVAC aircraft not being able to get an expedited routing and becoming a conflict with another aircraft.

## Time / Day

Date : 202109

Local Time Of Day : 1801-2400

## Place

Locale Reference.Airport : ZZZ.Airport

State Reference : US

Relative Position.Angle.Radial : 090

Relative Position.Distance.Nautical Miles : 2

Altitude.AGL.Single Value : 100

## Environment

Flight Conditions : VMC

Weather Elements / Visibility : Turbulence

Light : Night

## Aircraft : 1

Reference : X

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : MBB-BK 117 All Series

Operating Under FAR Part : Part 135

Flight Plan : None

Mission : Ambulance

Flight Phase : Parked

Route In Use : Visual Approach

## Aircraft : 2

Reference : Y

ATC / Advisory.Tower : ZZZ

Aircraft Operator : Air Taxi

Make Model Name : EC135

Crew Size.Number Of Crew : 1

Operating Under FAR Part : Part 135

Flight Plan : None

Mission : Ambulance

Flight Phase : Final Approach

Route In Use : Visual Approach

Airspace.Class E : ZZZ

## Person

Location Of Person.Aircraft : X

Location In Aircraft : Flight Deck

Reporter Organization : Air Taxi

Function.Flight Crew : Pilot Flying

Function.Flight Crew : Single Pilot

Qualification.Flight Crew : Instrument

Qualification.Flight Crew : Commercial

Experience.Flight Crew.Total : 3500

Experience.Flight Crew.Last 90 Days : 100  
Experience.Flight Crew.Type : 3375  
ASRS Report Number.Accession Number : 1841860  
Human Factors : Communication Breakdown  
Human Factors : Time Pressure  
Human Factors : Situational Awareness  
Communication Breakdown.Party1 : Flight Crew  
Communication Breakdown.Party2 : Ground Personnel

## Events

Anomaly.Conflict : Ground Conflict, Critical  
Detector.Person : Flight Crew  
Miss Distance.Horizontal : 900  
Miss Distance.Vertical : 75  
When Detected : Pre-flight  
Result.Flight Crew : Took Evasive Action

## Assessments

Contributing Factors / Situations : Human Factors  
Contributing Factors / Situations : Procedure  
Primary Problem : Ambiguous

## Narrative: 1

I was the PIC of the BK117, shutdown on top of the ZZZ helipad. I began my overnight shift at XA:00 that evening. After delivering a patient to the hospital, I was awaiting the medical crew's return from delivering the patient to the hospital. Two of the medical crew had returned to the helicopter to configure the medical equipment for the return flight to our home base of ZZZ1. As I was waiting for the crew to finish, I noticed an approaching helicopter from the southeast direction. It has been confirmed this helicopter is operated by Company X. I checked my company pilot phone to see if I had missed a call from our dispatch/communications (comm) center alerting me to an incoming Air Ambulance. This is common practice amongst the dispatch/communication centers of Air Ambulance companies in order to alert pilots of incoming aircraft in order to vacate the helipad and reposition to either an airborne holding area or to a ground holding area at ZZZ2. I did not have a missed call so I called [my company] comm center to inquire about the helicopter approaching and now in a downwind leg (south to north) to the helipad. [They] had no knowledge of the approaching helicopter. This is the first breakdown in the chain of events and the primary contributing factor. The Company X dispatch failed to alert [my] communications center of the inbound aircraft to the ZZZ Helipad. Additional contributing factor: a helipad camera exists at the hospital entrance doors adjacent to the helipad always focused on the helipad. Typically, ZZZ hospital Security personnel monitor the helipad camera when helicopters are inbound and/or shutdown on the helipad. Reportedly, the ZZZ Hospital Security team was not alerted to the inbound H135 Air Ambulance. During my phone call to [my company] comm center, the H135 continued it's approach from downwind to base leg and to final approach. It became quite apparent that the PIC did not see the helicopter shutdown on the pad. As the helicopter continued the approach, I began to quickly move from the helipad to the catwalk connecting the pad to the hospital and yelled at the two medical crew-members to get off the helipad. The H135 continued it's final approach for landing as the medical crew also quickly vacated the helipad. [My company] comm center phone calls are recorded, without exception for this phone call. The urgency in my voice alerting the medical crew can clearly be heard on the recording as I believed our safety was compromised. The H135 began a wave-off maneuver at

approximately 300 meters north of the helipad and 50-75 above helipad elevation (100 feet AGL). As the H135 continued its wave-off, the PIC side-stepped to the east to avoid low overflight of my shutdown helicopter on the helipad. The H135 PIC continued the wave-off over the adjacent hospital building and established an airborne holding area to the southeast. It is unknown if the H135 PIC was aided with Night Vision Goggles (NVGs) at this point in the evening. Official sunset had occurred at approximately XA: 15 that evening and end of evening civil or nautical twilight had not yet occurred. I also do not know the typical procedures for this specific PIC or operator concerning NVG practices flying into/out of metropolitan areas. In my experience, I remain aided when landing to metropolitan hospital helipads as an aid to identifying hazards that I may not be able to visually acquire unaided. An additional unknown element is whether or not ZZZ2 ATC tower advised the H135 PIC of the presence of a helicopter shutdown on the ZZZ Hospital helipad. In my experience, the ZZZ2 Tower frequently advises me if a helicopter is on the helipad after my initial Tower check-in. I do know, however, that there was communication between the H135 PIC and the ZZZ2 Tower at some point during the incident. Upon powering on my avionics during my start sequence, I overheard the H135 PIC communicating with the ZZZ2 Tower of my presence on the helipad. Finally, though this appears to be a communication breakdown in normal operating procedures, I believe this incident could have been avoided even with the multiple occurrences of communication breakdown if the helipad had Pilot Controlled Lighting (PCL) available for incoming Air Ambulance Helicopters. Currently, the lighting system is only controlled by a rheostat (timing only, not intensity) from inside the hospital on the helipad floor leading to the helipad.

## Synopsis

Air ambulance helicopter pilot reported that prior to engine start and while waiting to depart the hospital helipad, a critical ground conflict occurred when another helicopter attempted to land at the same location. The reporter cited, as contributing, that dispatch had not notified the crew of the inbound helicopter