

FAA ACCIDENT / INCIDENT REPORT				2. AMENDED DATE MO <input type="checkbox"/> DA <input type="checkbox"/> YR <input type="checkbox"/>			
1. ACCIDENT <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/>				13. AIRCRAFT			
3. DATE OF EVENT 050402 MO DA YR				REGISTRATION N51460			
4. FAA OFFICE wp 11 REGION OFFICE NUMBER				MAKE/MODEL MAULE M-4-210C			
5. NTSB ID LAX02LA145				SERIAL NO. 1115C			
6. LOCATION-CITY/STATE/ZIP RENO, NV 89506				YEAR OF MANUFACTURE 1973			
7. OPERATOR NAME				TOTAL AIRFRAME HRS. (WHOLE HOURS) 1500			
8. AIRPORT (IF APPLICABLE) 4SD 3-OR 4-LETTER ID				AIRFRAME CYCLES (AIR CARRIER ONLY)			
9. LOCAL TIME 0830 24-HOUR CLOCK				16. POWER PLANT MAKE/MODEL/SERIES (IF APPLICABLE)			
10A. LATITUDE				17. PROPELLER MAKE/MODEL/SERIES (IF APPLICABLE)			
10B. LONGITUDE				18. BIOHAZARD AREA YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
11. AIRCRAFT DAMAGE 12. COLLISION - BETWEEN TWO AIRCRAFT				19. TYPE OF LANDING GEAR			
NONE YES <input type="checkbox"/> AIR <input type="checkbox"/>				<input checked="" type="checkbox"/> CONVENTIONAL SKIS			
MINOR NO <input checked="" type="checkbox"/> GROUND <input type="checkbox"/>				TRICYCLE AMPHIBIOUS			
<input checked="" type="checkbox"/> SUBSTANTIAL REGISTRATION NUMBER				FLOATS			
DESTROYED SECOND AIRCRAFT				20. INJURY SUMMARY UNKNOWN <input type="checkbox"/>			
21. FACTORS - IDENTIFY PRIMARY FACTOR AS A. IDENTIFY SECONDARY FACTORS, IF ANY, AS X. CHECKING OF FACTORS IS THE OPINION OF THE INVESTIGATOR/INSPECTOR BASED ON THE INVESTIGATION.				FLT. CREW CABIN CREW PASSENGERS OTHER TOTAL			
21A. TECHNICAL FACTORS				NONS 1 1 2			
21B. OPERATIONAL FACTORS				MINOR			
21F. ATA CODE A OTHER BRAKE				SERIOUS			
21G. PART NAME				FATAL			
21H. MANUFACTURER				TOTAL 1 1 2			
21I. PART NUMBER				22. TYPE OF OPERATIONS			
23. WX. BRIEFING SOURCE				<input checked="" type="checkbox"/> PERSONAL			
24. PRECIPITATION				COMMERCIAL			
NOT APPLICABLE/NOT AVAILABLE				CARGO			
NATIONAL WEATHER SERVICE				INSTRUCTION			
FLIGHT SERVICE STATION				CORPORATE			
PATWAS				FERRY			
VOICE RESP. SYSTEM				AERIAL APPLICATION			
COMPANY				AMBULANCE			
COMMERCIAL WX. SERVICE				FIREFIGHTING			
TV/RADIO WEATHER				BANNER TOW			
MILITARY				AIR SHOW			
COMPUTER BRIEFING				SIGHTSEEING			
25. WEATHER FACTORS				SKYDIVING			
<input checked="" type="checkbox"/> NONE / NOT APPLICABLE				FAR 141 PILOT SCHOOL			
HAZE				MILITARY			
DUST				FOREIGN			
SMOKE				PUBLIC USE			
FOG				OTHER			
BLOWING DUST				26. PHASE OF FLIGHT			
BLOWING SMOKE				GROUND CRUISE MANEUVER			
ICING CONDITIONS				TAXI DESCENT HOVER			
GUSTY WINDS				TAKEOFF APPROACH OTHER			
THUNDERSTORM				CLIMB <input checked="" type="checkbox"/> LANDING			
CROSSWIND				27. ACTUAL WEATHER			
TURBULENCE/WINDSTORM				IMC <input type="checkbox"/> VMC <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/>			
DENSITY ALTITUDE				RUNWAY CONDITIONS NOT APPLICABLE <input checked="" type="checkbox"/>			
LIGHTNING STRIKE				28. DRY SNOW			
BLOWING SNOW				WBT SLUSH			
WHITE OUT				ICE STANDING WATER			
WIND SHEAR							
OTHER							

29. GENERAL AVIATION ACCIDENTS ONLY				30. EVACUATION OVERVIEW (AIR CARRIER ONLY)			
DID PILOT ATTEND SAFETY SEMINAR OR CLINIC WITHIN PAST 3 YEARS ?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		EVACUATION INITIATED		EVACUATION INJURIES	
DID PILOT PARTICIPATE IN WINGS PROGRAM WITHIN PAST 3 YEARS ?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS ?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>					
11. PILOT INFORMATION NOT APPLICABLE <input type="checkbox"/>				CERTIFICATE TYPE		SECOND PILOT	
NAME		BARTMESS, JAMES MAXWELL		RECREATIONAL			
DATE OF BIRTH		MO DA YR		STUDENT		MO DA YR	
DATE HIRED (AIR CARRIER ONLY)		MO DA YR		PRIVATE		MO DA YR	
DOMICILE ZIP CODE		8 9 4 2 3		COMMERCIAL		MO DA YR	
HOURS MAKE AND MODEL		3 0 0		FLIGHT INST.		MO DA YR	
HOURS LAST 90 DAYS		5 0		ATP		MO DA YR	
TOTAL HOURS		1 2 0 0		NON-PILOT		MO DA YR	
CERTIFICATE NO.							
REGULATORY CHECK RIDE		0 2 0 2					
32. CORRECTIVE ACTION(S) PLANNED OR INITIATED				NONE <input checked="" type="checkbox"/> 44709 REXAM <input type="checkbox"/> EIR <input type="checkbox"/> SDR <input type="checkbox"/> COUNSELING <input type="checkbox"/> M or D <input type="checkbox"/> OTHER <input type="checkbox"/>			
33. NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY)							
(ONLY STATE THE FACTS THAT ARE CAUSAL TO THE ACCIDENT/INCIDENT)							
PILOT APPLIED BRAKES AFTER TAKE OFF TO STOP WHEELS FROM ROTATING. IT APPEARS THAT THE PARKING BRAKE CLIP ON TOP OF THE MASTER CYLINDER HELD THE RIGHT BRAKE ON.							
CONDUCT OF INVESTIGATION							
34. NTSB PARTICIPATION ON-SCENE <input type="checkbox"/> LIMITED <input checked="" type="checkbox"/>		35. FAA PARTICIPATION ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input checked="" type="checkbox"/> SCENE NOT ACCESSIBLE <input type="checkbox"/>		36. FAA INITIAL NOTIFICATION		37. FSDO NOTIFICATION	
DATE AND LOCAL TIME		DATE AND LOCAL TIME		DATE AND LOCAL TIME		DATE AND LOCAL TIME	
0 5 0 4 0 2		0 5 0 6 0 2		0 9 0 8		0 8 0 0	
MO DA YR		MO DA YR		MO DA YR		MO DA YR	
24-HOUR CLOCK		24-HOUR CLOCK		24-HOUR CLOCK		24-HOUR CLOCK	
38. FAA HOURS USED FOR TOTAL INVESTIGATION		39. FAA HOURS USED FOR TOTAL INVESTIGATION		40. FAA HOURS USED FOR TOTAL INVESTIGATION		41. FAA HOURS USED FOR TOTAL INVESTIGATION	
6							
42. FAA NINE RESPONSIBILITIES							
IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATOR'S OPINION BASED ON HIS/HER INVESTIGATION							
1. FAA FACILITIES		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. AIRMAN/AIR AGENCY COMPETENCE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. NON PAA FACILITIES		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5. FAR CHANGE NEEDED		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. AIRWORTHINESS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6. AIRPORT CERTIFICATION		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
7. SECURITY		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. AIRMAN MEDICAL QUALIF.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. FAR VIOLATIONS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
43. BRIEF EXPLANATION OF ISSUES INVOLVED							
PILOT STATED THAT DURING TAXI, ON SEVERAL OCCASIONS, WHEN THE BRAKES WERE APPLIED THE RIGHT BRAKE WOULD STICK AND THE PROBLEM WAS THE PARKING BRAKE CLIP ON TOP OF THE MASTER CYLINDER.							
CLARENCE BOHARTZ				07/12/2002			
FAA IIC NAME				DATE			
WESTERN PACIFIC				RENO FSDO			
REGION				DISTRICT OFFICE			