

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

<b>Location</b>				
Nearest City/Place, State, Zip Code <i>Walker, Ca. 96107</i>		Date of Accident <i>06/17/02</i>	Local Time (24 HOUR CLOCK) <i>1445</i>	Zone <i>PPT</i>
		Elevation At Accident Site Feet MSL <i>5380</i>		Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information				
<b>Proximity To Airport</b>				
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile
2. <input checked="" type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles
7. <input type="checkbox"/> Within 3 Miles		8. <input type="checkbox"/> Beyond 3 Miles		
Airport Name <i>Minden</i>		Airport Ident <i>MIN</i>	Runway/Landing Surface Conditions: <i>N/A</i>	
		1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:
		2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface:
				5. <input type="checkbox"/> Condition:
<b>Phase Of Operation:</b>				
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input checked="" type="checkbox"/> Descent
				7. <input type="checkbox"/> Approach
				8. <input type="checkbox"/> Landing
				9. <input type="checkbox"/> Hover/Maneuver
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence: <i>5500</i> Feet MSL
<b>Aircraft Information</b>				
Registration Mark <i>N 130HP</i>		Aircraft Manufacturer <i>Lockheed</i>		Cert Max Gross WT <i>120,000</i>
		Aircraft Type/Model <i>C-130A</i>		Serial Number <i>56-538</i>
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible		1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight		2. <input checked="" type="checkbox"/> No
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane		
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify		
		1. <input type="checkbox"/> Normal		5. <input checked="" type="checkbox"/> Restricted
		2. <input type="checkbox"/> Utility		6. <input type="checkbox"/> Limited
		3. <input type="checkbox"/> Acrobatic		7. <input type="checkbox"/> Experimental
		4. <input type="checkbox"/> Transport		8. <input type="checkbox"/> Specify
<b>Landing Gear</b>				
1. <input type="checkbox"/> Tricycle—Fixed		4. <input type="checkbox"/> Tailwheel—Retractable		7. <input type="checkbox"/> Skid
2. <input checked="" type="checkbox"/> Tricycle—Retractable		5. <input type="checkbox"/> Tailwheel—Retractable Mains		8. <input type="checkbox"/> Limited
3. <input type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian		9. <input type="checkbox"/> Specify
				No. Of Seats Flight/Cabin Crew <i>3</i> Pax _____
<b>Stall Warning System Installed</b>		<b>IFR Equipped</b>		<b>Engine Type</b>
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected
				3. <input checked="" type="checkbox"/> Turbo Prop
				4. <input type="checkbox"/> Turbo Jet
				5. <input type="checkbox"/> Turbo Fan
				6. <input type="checkbox"/> Turbo Shaft
<b>Engine Manufacturer</b> <i>ALLISON</i>		<b>Engine Model/Series</b> <i>T-56-9D</i>		<b>Engine Rated Power</b>
				1. <i>3,250</i> Horsepower
				2. _____ Lbs Thrust
				<b>Type Of Fire Extinguishing System Used</b>
				1. None
				2. Specify <i>Chemical</i>
<b>Engine(s)</b>				
Engine No. 1	Date of Mfg. <i>UNK</i>	Mfg. Serial No. <i>AE 100 843</i>	Total Time <i>UNK</i>	Time Since Inspection <i>157.55</i> Hours
Engine No. 2		<i>AE 101 504</i>		<i>157.55</i> Hours
Engine No. 3		<i>AE 101 267</i>		<i>157.55</i> Hours
Engine No. 4		<i>AE 100 814</i>		<i>157.55</i> Hours
<b>Type Of Maintenance Program</b>		<b>Type Of Last Inspection</b>		<b>Date Last Inspection Performed</b>
1. <input type="checkbox"/> Annual		1. <input type="checkbox"/> Annual		<i>03/29/02</i> (M/D/Y)
2. <input type="checkbox"/> Manufacturer's Inspection Program		2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection
3. <input checked="" type="checkbox"/> Other Approved Inspection Program(AAIP)		3. <input type="checkbox"/> AAIP		<i>57.55</i> Hours
4. <input type="checkbox"/> Continuous Airworthiness		4. <input checked="" type="checkbox"/> Continuous Airworthiness		Airframe Total Time
5. <input type="checkbox"/> Specify _____				<i>21,905.46</i> Hours
<b>Emergency Locator Transmitter (ELT)</b>		<b>ELT Manufacturer</b> <i>NTRCO</i>		<b>Model/Series</b> <i>ELT-10</i>
		Switch		<b>Serial Number</b> <i>UNK</i>
		1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed <i>UNK</i>		<b>Battery Date (M/D/Y)</b> <i>Oct 03</i>
		Operated		<b>Aided In Accident Location</b>
		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No
<b>Registered Aircraft Owner</b> <i>Hawkins and Powers Aviation</i>		Address <i>P.O. Box 391</i> <i>Greybull, WY. 82420</i>		
<b>Operator Of Aircraft</b>		Address		
1. <input checked="" type="checkbox"/> Same As Registered Owner		1. <input type="checkbox"/> Same As Registered Owner		
2. Name _____		2. _____		
3. DBS: _____				

Second Pilot Information (cont.)											
<b>Rating (s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			<b>Instrument Rating (s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			<b>Instructor Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input checked="" type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____					
<b>Type Ratings/Student Endorsements</b> L-382			<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> UNK			<b>BFR Aircraft</b> 1. Make <u>UNK</u> 2. Model _____					
<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1 3. <input checked="" type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b> 01/23/02		<b>Limitations</b> Wear Corrective Lenses <b>Waivers</b> NONE			<b>Date Of Birth (M/D/Y)</b> [REDACTED] 65				
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No						
<b>Sea Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <u>UNK</u>		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify <u>Forest Service Records</u>					
<b>Flight Time</b>		<b>All AC</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time		2407	382	UNK	UNK	115	Actual 130	Simulated 55	-	-	-
Pilot in Command (PIC)		1614	UNK	981	633	UNK	UNK		-	-	-
Instructor		UNK	-	-	-	-	-		-	-	-
This Make & Model		[REDACTED]									
Last 90 Days		12 months	199								
Last 30 Days		60 days	9								
Last 24 Hours											
<b>Other Personnel</b>											
<b>Flight Engineer Name (FE)</b>	<b>Seat</b>	<b>Address (City &amp; State)</b>			<b>Crew</b>	<b>Non-Revenue</b>	<b>Revenue</b>	<b>Non-Occupant</b>	<b>FAA</b>	<b>Fatal Serious Minor None</b>	
1. Michael H. Davis	FE	[REDACTED]			FE	-	X	-	-	Fatal	
2.		Bakersfield, CA 93305									
3.											
4.											
5.											
6.											
<b>Flight Itinerary Information</b>											
<b>Last Departure Point</b>			<b>Time Of Departure</b>			<b>Destination</b>			<b>Flight Plan Filed</b>		
1. Airport ID <u>MIN</u>			1. Time <u>1429</u>			1. Airport ID <u>same</u>			1. <input type="checkbox"/> None		
2. City/Place <u>Minden</u>			2. Time Zone <u>PDT</u>			2. City/Place _____			2. <input type="checkbox"/> VFR		
3. State <u>NV</u>						3. State _____			3. <input type="checkbox"/> IFR		
									4. <input type="checkbox"/> VFR/FR		
									5. <input checked="" type="checkbox"/> Company (VFR)		
									6. <input type="checkbox"/> Military (VFR)		
<b>If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished</b> <u>WX Brief obtained during morning flight crew briefing</u>											
<b>Fuel On Board At Last Takeoff</b>				<b>Fuel Type</b>				7. Specify _____			
Gallons _____				1. <input type="checkbox"/> 80/87				4. <input type="checkbox"/> 115/145			
or _____				2. <input type="checkbox"/> 100 Low Lead				5. <input checked="" type="checkbox"/> Jet A			
Pounds <u>UNK</u>				3. <input type="checkbox"/> 100/130				6. <input type="checkbox"/> Automotive			
<b>Other Services, If Any, Prior to Departure</b> <u>loaded 3,000 gallons fire retardant</u>											
<b>Weather Information At The Accident Site</b>											
<b>Source Of Weather information (Pilot/Operator, Weather Observation)</b>				<b>Light Condition</b>				<b>Visibility</b>		<b>Temp (°F)</b>	
<u>U.S. Forest Service</u>				1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				<u>CLR</u> Miles		<u>85</u>	

Weather Information At The Accident Site (cont.)			
Dew Point <b>UNK</b> (°F)	Altimeter Setting <b>UNK</b> "Hg	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured	
Wind Information 1. Direction <b>228°</b> 2. Velocity <b>14</b> Kts mph 3. Gusts <b>20</b> Kts		Restriction To Visibility <b>Smoke near drop site</b>	Type Precipitation <b>NONE</b>
Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Specify _____			
Turbulence (Multiple Entry) <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds			
Damage To Aircraft And Other Property			
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Destroyed			Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> In-Flight <input type="checkbox"/> No <input type="checkbox"/> On Ground
Description Of Damage To Aircraft And Other Property <b>Aircraft destroyed. Started ground fire. No structures damaged. No personnel on ground injured.</b>			
Mechanical Malfunction Failure			
<input type="checkbox"/> No <input type="checkbox"/> Yes      List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure  <b>UNK at this time</b>		Total Time On Part _____ Hours      At Overhaul _____ Hours	
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Aircraft Owner		Address	
Pilot Name		Address	Pilot Certificate No.
Evacuation Of Aircraft			
Assistance Received <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input checked="" type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify <b>NONE</b>			
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____      2. Auxillary Door _____      3. Emergency Exit _____ <b>Thrown from Aircraft at impact</b>			
Recommendation (How Could This Accident Have Been Prevented)			
Operator/Owner Safety Recommendation (Optional Entry)  <b>UNK at this time</b>			

**Additional Flight Crew Members**

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name <i>Michael Harlow Davis</i>	FAA Certificate No. [REDACTED]	Address <i>Bakersfield, CA. 93305</i>	Title <i>Flight Eng.</i>
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Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private	3. <input checked="" type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport	5. <input checked="" type="checkbox"/> Flight Instructor 6. <input checked="" type="checkbox"/> Flight Engineer	7. <input type="checkbox"/> Foreign 8. Specify _____
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Ratings/Endorsements <i>Airplane single/multi Instrument airplane</i>	Total Flight Time <i>886.1</i>	Flight Time This Accident <i>3.9</i>
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Name	FAA Certificate No.	Address _____	Title
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Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private	3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport	5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer	7. <input type="checkbox"/> Foreign 8. Specify _____
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Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____	Title
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Certificate(s) 1. <input type="checkbox"/> Student 2. <input type="checkbox"/> Private	3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Airline Transport	5. <input type="checkbox"/> Flight Instructor 6. <input type="checkbox"/> Flight Engineer	7. <input type="checkbox"/> Foreign 8. Specify _____
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Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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**Narrative History Of Flight**

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

N130HP departed Minden, NV. Airport at 1429 on its 6<sup>th</sup> retardant drop run of the day on the Cannon Fire in Walker, CA. The aircraft made a drop run from west to east on the Northeast side of the Cannon Fire. Run was performed down slope and down wind. Immediately after the retardant departed the aircraft at an approximate altitude of 150-200 feet, the wings were observed to separate from the aircraft and fire was also observed.

The main wreckage came to rest on the east side of highway 395 within the town of Walker, CA.

\* See wreckage diagram

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

06/19/02

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

William V. Bulger

3. Title

Forest Service Regional Aviation Safety Manager

For NTSB Use Only

NTSB Accident No.

Reviewed By NTSB Office Located At

Name Of Investigator

Date Report Received