FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

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

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Walker CA	6/17/02	Apx 1445	Pac	5,400 Feet MSL _____ Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.☐ On Approach 2.☐ Within 1/4 Mile 3.☐ Within 1/2 Mile 4.☐ Within 3/4 Mile 5.☐ Within 1 Mile 6.☐ Within 2 Miles 7.☐ Within 3 Miles 8.☒ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions:
Douglas County Airport Minden	MEV	1.☐ Direction: 2.☐ Length: 3.☐ Width: 4.☐ Surface: 5.☐ Condition: NA

Phase Of Operation:

1.☐ Standing 2.☐ Taxi 3.☐ Takeoff 4.☐ Climb 5.☐ Cruise 6.☐ Descent 7.☐ Approach 8.☐ Landing 9.☒ Hover/Maneuver 10.☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
130HP	LockHeed	C130A	56-0538	124,200

Type Of Aircraft

1.☒ Airplane 2.☐ Helicopter 3.☐ Glider 4.☐ Balloon 5.☐ Blimp/Dirigible 6.☐ Ultralight 7.☐ Gyroplane 8.☐ Specify _____

Type Of Airworthiness Certificate

1.☐ Normal 2.☐ Utility 3.☐ Acrobatic 4.☐ Transport 5.☒ Restricted 6.☐ Limited 7.☐ Experimental 8.☐ Specify _____

Amateur Built

1.☐ Yes 2.☒ No

Landing Gear

1.☐ Tricycle—Fixed 2.☒ Tricycle—Retractable 3.☐ Tailwheel—Fixed 4.☐ Tailwheel—Retractable 5.☐ Tailwheel—Retractable Mains 6.☐ Amphibian 7.☐ Skid 8.☐ Limited 9.☐ Specify _____

No. Of Seats

Flight/Cabin Crew 3 Pax 0

Stall Warning System Installed	IFR Equipped	Engine Type
1.☐ Yes 2.☒ No	1.☒ Yes 2.☐ No	1.☐ Reciprocating—Carburetor 2.☐ Reciprocating—Fuel injected 3.☒ Turbo Prop 4.☐ Turbo Jet 5.☐ Turbo Fan 6.☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
ALLISON	T56-A9D	ESHP 1. 3750 Horsepower 2. _____ Lbs Thrust	1. None All 4 Engines and 2. Specify Auxiliary powerplant Bromochloromethane

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	Unk	AE100843	10100.24 Hours	167.47 Hours	1757.04 Hours
Engine No. 2	Unk	AE101504	9943.31 Hours	167.47 Hours	3802.31 Hours
Engine No. 3	Unk	AE101267	10875.03 Hours	167.47 Hours	2420.03 Hours
Engine No. 4	Unk	A100814	Unk Hours	112.51 Hours	2612.51 Hours

Type Of Maintenance Program

1.☐ Annual 2.☐ Manufacturer's Inspection Program 3.☒ Other Approved Inspection Program(AAIP) 4.☐ Continuous Airworthiness 5.☐ Specify _____

Type Of Last Inspection

1.☐ Annual 2.☐ 100 Hours 3.☒ AAIP 4.☐ Continuous Airworthiness

Date Last Inspection Performed 10/01/01 (M/D/Y)

Time Since Last Inspection 167.47 Hours

Airframe Total Time 21863.09 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date Due (M/D/Y)
	Pointer	MDL 3000-1	UNK	Oct 03

Switch 1.☐ On 2.☐ Off 3.☒ Armed

Operated Unknown 1.☐ Yes 2.☐ No

Aided In Accident Location 1.☐ Yes 2.☐ No Unknown

Registered Aircraft Owner HAWKINS AND POWERS AVIATION INC

Address PO Box 391 Greybull WYOming 82426

Operator Of Aircraft

1.☒ Same As Registered Owner
2. Name
3. DBS:

Address

1.☒ Same As Registered Owner
2. _____

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
[redacted]	NONE LISTED

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1.☐ FAR91 (only) 4.☐ FAR 121 7.☐ FAR 133
2.☒ FAR91D 5.☐ FAR 125 8.☐ FAR 135
3.☐ FAR 103 6.☐ FAR 129 9.☒ FAR 137

Purpose of Flight
1.☐ Personal 6.☐ Aerial Observation
2.☐ Business 7.☐ Other Work Use
3.☐ Educational 8.☐ Public Use
4.☐ Executive/Corporate 9.☐ Ferry
5.☒ Aerial Application 10.☐ Positioning

Operator Authority NONE OF LISTED BELOW
FAR121
1.☐ Domestic
2.☐ Flag
3.☐ Supplemental
FAR 135
4.☐ On Demand
5.☐ Commuter
FAR 133
6.☐ Rotorcraft External Load
FAR125
7.☐ Large Aircraft
FAR 129
8.☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1.☐ Scheduled
2.☐ Non Scheduled
3.☐ Domestic
4.☐ International
5.☐ Passenger
6.☐ Cargo
7. Specify NONE OF ABOVE LISTED

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Steven Wass	[redacted]	[redacted] Gardnerville, NV 89410	USA

Certificate (s)
1.☐ Student 3.☒ Commercial 5.☒ Flight Instructor 7.☐ Military 9.☐ None
2.☐ Private 4.☒ Airline Transport 6.☐ Flight Engineer 8.☐ Foreign 10.Specify

Rating (s)
1.☐ None 6.☒ Helicopter
2.☒ Single Engine Land 7.☒ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☒ Multiengine Land 9.☐ Airship
5.☐ Multiengine Sea 10.☐ Gyroplane

Instrument Rating (s)
1.☐ None
2.☐ Airplane
3.☐ Helicopter

Instructor Rating (s)
1.☐ None 6.☐ Instrument Airplane
2.☒ Airplane S.E. 7.☐ Instrument Helicopter
3.☒ Airplane M.E. 8.☐ Ground Instructor
4.☐ Helicopter 9.☐ Specify
5.☐ Glider

Type Ratings/Student Endorsements
L-382, L-P2Y, DC-6, DC-7, CV-P4Y
FA-119C, DC-B26

Date Of Biennial Flight Review or Equivalent (M/D/Y)
3-30-02

BFR Aircraft
1. Make C130 (L382)
2. Model Hercules

Medical Certificate
1.☐ None 3.☒ Class 2
2.☐ Class 1 4.☐ Class 3

Date Of Last Medical (M/D/Y)
3-12-02

Limitations
NONE

Waivers

Date Of Birth (M/D/Y)
[redacted] 59

Degree Of Injury
1.☐ None
2.☐ Minor
3.☐ Serious
4.☒ Fatal

Seat Occupied
1.☒ Left 4.☐ Front
2.☐ Right 5.☐ Rear
3.☐ Center

Person At Controls At Time Of Accident
1.☒ Pilot In Control 4.☐ Non-Pilot
2.☐ Second Pilot 5.☐ No One
3.☐ Both Pilots

Seat Belt Available
1.☒ Yes
2.☐ No

Seat Belt Used
1.☒ Yes
2.☐ No

Shoulder Harness Available
1.☒ Yes
2.☐ No

Shoulder Harness Used
1.☒ Yes
2.☐ No

Source Of Pilot Flight Time Information
1.☐ Pilot Logbook 4.☒ Company
2.☐ Operators Estimate 5.☐ Specify
3.☐ FAA Records USFS + Company Logs

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	10833									
Pilot In Command (PIC)	10290									
Instructor										
This Make & Model	[redacted]									
Last 90 Days	108.91									
Last 30 Days	87.36									
Last 24 Hours										

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1.☒ Co-Pilot 2.☐ Dual Student 3.☐ Safety Pilot 4.☐ Check Pilot 5.☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality
Craig LaBare	[redacted]	[redacted] Loomis CA 95650	USA

Certificate (s)
1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Military 9.None
2.☐ Private 4.☒ Airline Transport 6.☒ Flight Engineer 8.☐ Foreign 10.Specify Ground. Inst. mechanic

Second Pilot Information (cont.)

Rating (s)	Instrument Rating (s)	Instructor Rating (s)
1.☐ None 6.☐ Helicopter 2.☒ Single Engine Land 7.☐ Glider 3.☐ Single Engine Sea 8.☐ Free Balloon 4.☒ Multiengine Land 9.☐ Airship 5.☐ Multiengine Sea 10.☐ Gyroplane	1.☐ None 2.☐ Airplane 3.☐ Helicopter	1.☐ None 6.☐ Instrument Airplane 2.☒ Airplane S.E. 7.☐ Instrument Helicopter 3.☒ Airplane M.E. 8.☒ Ground Instructor 4.☐ Helicopter 9.☐ Specify_____ 5.☐ Glider

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft
ATP, FE, mechanic, ground Inst.	1-29-02	1. Make_____ 2. Model_____

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations / Waivers	Date Of Birth (M/D/Y)
1.☐ None 3.☒ Class 2 2.☐ Class 1 4.☐ Class 3	1-23-02	Limitations: Corrective Lenses Waivers:	[redacted]-65

Degree Of Injury	Seat Occupied	Seat Belt Available
1.☐ None 3.☐ Serious 2.☐ Minor 4.☒ Fatal	1.☐ Left 3.☐ Center 5.☐ Rear 2.☒ Right 4.☐ Front	1.☒ Yes 2.☐ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1.☒ Yes 2.☐ No	1.☒ Yes 2.☐ No	1.☒ Yes 2.☐ No	1.☐ Pilot Logbook 4.☒ Company 2.☐ Operators Estimate 5.☐ Specify_____ 3.☐ FAA Records USFS + Company Logs

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2407									
Pilot In Command (PIC)	1614	322								
Instructor										
This Make & Model										
Last 90 Days	156.81									
Last 30 Days	87.36									
Last 24 Hours										

Other Personnel

	Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.	Craig LaBare	R	Loomis CA	✓					Fatal
2.									
3.									
4.									
5.									
6.									

Flight Itinerary Information

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID_____ 2. City/Place Minden 3. State_____	1. Time Apx 14:00 2. Time Zone Pacific	1. Airport ID_____ 2. City/Place Walker 3. State CA	1.☐ None 4.☐ VFR/IFR 2.☒ VFR 5.☐ Company (VFR) 3.☐ IFR 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

unKnown

Fuel On Board At Last Takeoff	Fuel Type
under investigation Gallons or Pounds	1.☐ 80/87 4.☐ 115/145 7.Specify_____ 2.☐ 100 Low Lead 5.☐ Jet A 3.☐ 100/130 6.☐ Automotive

Other Services, If Any, Prior to Departure

unKnown

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
USFS observations	1.☐ Dawn 3.☐ Dusk 5.☐ Dark Night 2.☒ Daylight 4.☐ Bright Night	unKnown Miles	unKnown

Flight Engineer

Second Pilot Information (cont.)

Rating (s)
1.☐ None 6.☐ Helicopter
2.☒ Single Engine Land 7.☐ Glider
3.☐ Single Engine Sea 8.☐ Free Balloon
4.☒ Multiengine Land 9.☐ Airship
5.☐ Multiengine Sea 10.☐ Gyroplane

Instrument Rating (s)
1.☐ None
2.☒ Airplane
3.☐ Helicopter

Instructor Rating (s)
1.☐ None 6.☐ Instrument Airplane
2.☐ Airplane S.E. 7.☐ Instrument Helicopter
3.☐ Airplane M.E. 8.☒ Ground Instructor
4.☐ Helicopter 9.☐ Specify
5.☐ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)
ON FILE With Forest Service

IFR Aircraft
1. Make
2. Model

Medical Certificate
1.☐ None 3.☒ Class 2
2.☐ Class 1 4.☐ Class 3

Date Of Last Medical (M/D/Y)
1-3-02

Limitations
Corrective Lenses

Waivers

Date Of Birth (M/D/Y)
[redacted]-42

Degree Of Injury
1.☐ None 3.☐ Serious
2.☐ Minor 4.☒ Fatal

Seat Occupied
1.☐ Left 3.☒ Center 5.☐ Rear
2.☐ Right 4.☐ Front

Seat Belt Available
1.☒ Yes
2.☐ No

Seat Belt Used
1.☒ Yes
2.☐ No

Shoulder Harness Available
1.☒ Yes
2.☐ No

Shoulder Harness Used
1.☒ Yes
2.☐ No

1.☐ Pilot Logbook 4.☒ Company
2.☐ Operators Estimate 5.☐ Specify
3.☐ FAA Records USFS + Company Logs

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time Pilot	986.1	1630 F/E								
Pilot In Command (PIC)	807.7									
Instructor										
This Make & Model	[redacted]							[redacted]		
Last 90 Days	94.87									
Last 30 Days	84.52									
Last 24 Hours										

Other Personnel- Total F/E Multi-Engine 3520.61

	Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.	Mike Davis	F/E	Bakersfield, CA	✓					Fatal
2.									
3.									
4.									
5.									
6.									

Flight Itinerary Information

Last Departure Point
1. Airport ID
2. City/Place
3. State

Time Of Departure
1. Time
2. Time Zone

Destination
1. Airport ID
2. City/Place
3. State

Flight Plan Filed
1.☐ None 4.☐ VFR/IFR
2.☐ VFR 5.☐ Company (VFR)
3.☐ IFR 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Fuel On Board At Last Takeoff
Gallons
or
Pounds

Fuel Type
1.☐ 80/87 4.☐ 115/145 7.Specify
2.☐ 100 Low Lead 5.☐ Jet A
3.☐ 100/130 6.☐ Automotive

Other Services, If Any, Prior to Departure

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)

Light Condition
1.☐ Dawn 3.☐ Dusk 5.☐ Dark Night
2.☐ Daylight 4.☐ Bright Night

Visibility
Miles

Temp (°F)

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
unKnown (°F)	unKnown "Hg	1.☒ Clear; 2.☐ Scattered ____ Feet AGL; 3.☐ Broken ____ Feet AGL; 4.☐ Overcast ____ Feet AGL; 5.☐ Partial Obscuration; 6.☐ Obscured

Wind Information
1. Direction unKnown
2. Velocity unKnown Kts
3. Gusts unKnown Kts

Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
unKnown	unKnown	1.☐ Light; 2.☐ Moderate; 3.☐ Heavy; 4. Specify None

Turbulence (Multiple Entry) unKnown
1.☐ None 2.☐ Light 3.☐ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1.☐ None 2.☐ Minor 3.☐ Substantial 4.☒ Destroyed

Fire
1.☒ Yes 2.☐ No 3.☒ In-Flight 4.☒ On Ground

Description Of Damage To Aircraft And Other Property
aircraft destroyed

debris on property

Mechanical Malfunction Failure

1.☐ No
2.☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

unKnown

Total Time

On Part	At Overhaul
Hours	Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 2.☐ Substantial 3.☐ Minor 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1.☐ Outside Person (s) 2.☐ Auxiliary Lighting 3.☐ Slide 4.☐ Rope 5.☐ Ladder 6.☐ Specify ____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door ____ 2. Auxiliary Door ____ 3. Emergency Exit ____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

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

Name	FAA Certificate No.	Address ______	Title

Certificate(s)

1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address ______	Title

Certificate(s)

1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address ______	Title

Certificate(s)

1.☐ Student 3.☐ Commercial 5.☐ Flight Instructor 7.☐ Foreign
2.☐ Private 4.☐ Airline Transport 6.☐ Flight Engineer 8.Specify ______

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

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.

Under investigation

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

Date Of This Report	Signature Of Pilot/Operator
6-20-02	

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature [redacted]
2. Type Or Print Name Genevieve Anders
3. Title Secretary Treasurer

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received