

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location

Nearest City/Place: BAKERSFIELD State: CA
 ZIP: 93263 Country: _____
 Latitude: 35°12' Longitude: 119°12'
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 6-9-2015 Local Time: 11:30 AM
 mm/dd/yyyy Time Zone: _____

Collision with Other Aircraft: Midair On-ground ☒ None

Registration Number: N9372
 Manufacturer: Cessna
 Model: 6-165-A
 Serial Number: 866
 Year of Manufacture: 1971
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 6000 lbs
 Weight at Time of Accident/Incident: 3500 lbs
 Number of Seats: 1 Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: _____

Category of Aircraft

Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard Special
 Normal Restricted ☒
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

Retractable
 Tricycle Tailwheel ☒
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type (Select one)

Reciprocating ☒ Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric

Fuel System Type (Reciprocating)

Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	<u>P&W</u>	<u>R-1340-A21</u>	<u>70101943</u>		<u>600</u>	<u>10155</u>		<u>740</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness ☒
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 4-29-2015
 mm/dd/yyyy

Airframe Total Time: 6092.39 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual ☒
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System

None ☒
 Specify: _____

Propeller 1

Fixed Pitch

Controllable Pitch ☒
 Ground Adjustable

Manufacturer: HAMILTON STANDARD
 Model: 12D40-425

ELT Installed: Yes No ☒

If Yes:

ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Propeller 2

Fixed Pitch

Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

Additional Equipment (Check all that apply)

ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System ☒
 Video Recording Device
 Other, Specify: _____

Registered Aircraft Owner

Name: KENNETH D. NELSONCity: PIPMOState: CA ZIP: 93444Fractional Ownership Aircraft: Yes ☐ No ☒Country: SAN LUIS OBISPO

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: KENNETH NELSON LEWISCity: SHARONDoing Business As: NELSON AG Aviation - GK LEWISState: CA ZIP: Air Carrier/Operator Designator (4 Character Code): AVIATIONCountry: KERN

Operating Certificates Held

(Check all that apply)

None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 On-Demand Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137) ☒
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 435
 FAR 125 FAR 137 ☒ FAR 437

FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces
 Federal
 State
 Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International

Passenger
 Cargo
 Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application ☒ Firefighting Unknown
 Aerial Observation Flight Test
 Air Drop Glider Tow
 Air Race/Show Instructional
 Banner Tow Other Work Use
 Business Personal
 Executive/Corporate Positioning
 External Load Skydiving
 Ferry

Revenue Sightseeing Flight

Yes ☐ No ☐

Air Medical Flight

Yes ☐ No ☐Airport Name: Airport Identifier: Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A ☐Distance From Airport Center: smDirection From Airport: degrees trueAirport Elevation: ft. msl

Runway Information

Runway ID: None (L/R/C) Length: 2000 ft Width: 45 FT ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood
 Dirt ☒ Ice Snow Unknown

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

Dry ☒ Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft
 Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure On Instrument Approach Downwind Low Approach
 Takeoff IFR Departure Procedure/Clearance Landing ☒ Base Go Around
 Initial Climb Final Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach (Check all that apply)

None ☒
 ADF/NDB PAR MLS Practice
 SDF Sidestep LDA GPS
 VOR/TVOR ILS ASR
 VOR/DME Localizer Only Visual
 TACAN LOC-back course Contact
 RNAV Circling
 Unknown

VFR Approach (Check all that apply)

None ☒
 Traffic Pattern Stop and Go
 Straight-In Touch and Go
 Valley/Terrain Following Simulated Forced Landing
 Go Around Forced Landing
 Full Stop Precautionary Landing
 Unknown

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

Pilot ☒ Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None ☒ Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single ☒	Restraint Type Available None Lap only 3-point 4-point ☒ 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial ☒ US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer			

Principal Occupation Pilot ☒ Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 ☒ Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical 4-16-2015 mm/dd/yyyy
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Medical Certificate Limitations
 shall possess glasses for near intermediate vision

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 6-26-2014 mm/dd/yyyy	Flight Review Aircraft Make: Bell 47 Model: D1
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Airplane Rating(s) (Check all that apply) None Single-Engine Land ☒ Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter ☒ Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2000	366	1400				14.5	624		
Pilot in Command (PIC)	1300	366								
Time as Instructor										
This Make/Model										
Last 90 Days		75								
Last 30 Days		30								
Last 24 Hours		10								

Last Departure Point Airport ID: <u>MIT</u> City: <u>SHAFER</u> State: <u>CA</u> Country: <u>KEAN</u>		Time of Departure Time: <u>5:00 AM</u> Time Zone: _____		Destination Airport ID: _____ City: _____ State: _____ Country: _____		Type Flight Plan Filed None ☒ VFR/IFR Company VFR _____ IFR _____ Military VFR _____ Unknown _____ VFR _____ Activated? Yes No Unknown	
Type of ATC Clearance/Service (Check all that apply) None ☒ VFR Special VFR IFR Special IFR VFR On Top VFR Flight Following Traffic Advisory Cruise Unknown / NA							
Airspace where the accident/incident occurred (Check all that apply) Class A _____ Class G ☒ Military Operations Area (MOA) _____ Class B _____ Demo Area _____ Airport Advisory Area _____ Class C _____ Warning Area _____ Jet Training Area _____ Class D _____ Prohibited Area _____ TRSA _____ Class E _____ Restricted Area _____ FAR 93 _____						Altitude of In-Flight Occurrence: _____ ft msl	
Source of Pilot Weather Information (Check all that apply) National Weather Service _____ Company _____ Flight Service Station _____ Military _____ TV/Radio ☒ Internet _____ Automated Report ☒ <u>MIT</u> None _____ Commercial Weather Service (DUATS) _____ Unknown _____ On-Board Weather _____				Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
Basic Conditions VMC _____ IMC _____ Unknown _____		Light Condition Dawn _____ Dusk _____ Dark Night _____ Unknown _____ Day ☒ Night _____ Bright Night _____					
Sky/Lowest Cloud Condition Clear ☒ Thin Broken _____ Few _____ Thin Overcast _____ Partial Obscuration _____ Unknown _____ Scattered _____		Ceiling None (Clear) _____ Obscured _____ Broken _____ Indefinite _____ Overcast _____ Unknown _____		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB			
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl					
Wind Direction Variable ☒ -or- _____ Direction: _____ degrees true		Wind Speed Calm _____ Light and Variable _____ -or- _____ Speed: _____ kts		Wind Gusts Not Gusting _____ -or- _____ Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation Light _____ Moderate _____ Heavy _____ N/A _____ Unknown _____		Type of Precipitation (Check all that apply) None ☒ Drizzle _____ Freezing Rain _____ Rain _____ Ice Pellets _____ Snow Shower _____ Snow _____ Snow Pellets _____ Ice Pellets Shower _____ Hail _____ Snow Grains _____ Freezing Drizzle _____ Rain Showers _____ Ice Crystals _____				Restriction to Visibility (Check all that apply) None ☒ Fog _____ Blowing Dust _____ Ground Fog _____ Blowing Sand _____ Haze _____ Blowing Snow _____ Ice Fog _____ Blowing Spray _____ Smoke _____ Dust _____ Unknown _____	
Icing Forecast Amount _____ Type _____ None ☒ N/A _____ Trace _____ Rime _____ Light _____ Clear _____ Moderate _____ Mixed _____ Severe _____ Unknown _____ Unknown _____		Icing Actual Amount _____ Type _____ None _____ N/A _____ Trace _____ Rime _____ Light _____ Clear _____ Moderate _____ Mixed _____ Severe _____ Unknown _____ Unknown _____		Turbulence Type (Check all that apply) _____ Severity _____ None _____ Light _____ Clear Air _____ Moderate _____ Terrain-Induced _____ Severe _____ Convective Turbulence _____ Extreme _____			
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:							

Aircraft Damage

None
Minor
Substantial ☒
Destroyed
Unknown

Aircraft Fire

None ☒
In-Flight
On-Ground
Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None ☒
In-Flight
On-Ground
Both Ground and In-Flight
Explosion at Unknown Time
Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

I WAS WORKING UNDER ^{Part} 137 operation Aerial Application
I APPLIED 12 LOADS THAT MORNING 6-9-2015
PUT OUT LAST LOAD CAME BACK FOR CLEANOUT LOAD
LANDED 3 POINT ABOUT 200 FT FROM LOADING AREA
A HARD RT 1/4 TAIL WIND GUST OR DUST DEVIL HIT
I FELT THE AIRCRAFT LIST YAW RIGHT I APPLIED
FULL LEFT PEDAL & BRAKE LEFT WHEEL SKIDED NO CHANGE
IN DIRECTION I APPLIED BOTH BRAKES AIRCRAFT'S
LOWER RIGHT WING HIT DITCH BANK ON SIDE OF THE
STRIP THE AIRCRAFT WENT INTO THE DITCH
STANDING UP ON ITS NOSE. AT APPROXIMATELY
11:30 PDT.
AT THAT TIME I SHUT OFF FUEL SELECT
MASTER SWITCH & MGS & DELETED THE AIRCRAFT

Operator/Owner Safety Recommendation

None under the conditions

Was there Mechanical Malfunction/Failure? Yes No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

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

50

Gallons

Fuel Type

80/87

100 Low Lead ☒

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

Was an emergency evacuation of the aircraft performed? Yes ☒ No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot only

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Use this space if additional space is needed for any answers.

Date of this Report

6-19-2015
mm/dd/yyyy

Name of Pilot/Operator: KENNETH D NELSON

Signature: [Redacted]

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator Is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

NTSB Accident/Incident No.
GAA15CA113

Reviewed by NTSB Regional Office
GAA

Name of Investigator
Michael J. Hodges

Date Report Received
6/23/2015