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Fax

To Michael Hicks

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Date 06/19/23

Total pages 6 w/cover

Job number _____

Editable text area

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: <u>Mettler</u> State: <u>CA.</u> ZIP: <u>93313</u> Country: <u>USA</u> Latitude: <u>35.066 N</u> Longitude: <u>118.971 W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>06/05/2023</u> Local Time: <u>4:00 PM</u> mm/dd/yyyy Time Zone: <u>PACIFIC</u> Collision with Other Aircraft: Midair On-ground ☒ None																																															
Registration Number: <u>N6174W</u> Manufacturer: <u>AIR TRACTOR</u> Model: <u>AT-502B</u> Serial Number: <u>502B-0351</u> Year of Manufacture: <u>1996</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design		IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: 8000 lbs <u>9400</u> Weight at Time of Accident/Incident: <u>7833</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>0</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>																																															
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☐ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☒ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport Certificate of Authorization or Waiver (COA) None Unknown	Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None ☒ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel ☐ Unknown	Engine Type (Select one) ☐ Reciprocating ☐ Turbo Shaft ☒ Turbo Prop ☐ Turbo Jet ☐ Turbo Fan ☐ Electric ☐ Liquid Rocket ☐ Solid Rocket ☐ Hybrid Rocket ☐ None ☐ Unknown Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel-Injected																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power Horsepower or lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since: Inspection (hours)</th> <th>Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>P+W</u></td> <td><u>PT6A-34AG</u></td> <td><u>PCE 56588</u></td> <td><u>8/1979</u></td> <td><u>750</u></td> <td><u>2298</u></td> <td><u>750</u></td> <td><u>3541</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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)	Time Since: Inspection (hours)	Overhaul (hours)	Eng. 1	<u>P+W</u>	<u>PT6A-34AG</u>	<u>PCE 56588</u>	<u>8/1979</u>	<u>750</u>	<u>2298</u>	<u>750</u>	<u>3541</u>	Eng. 2									Eng. 3									Eng. 4									Last Inspection Type 100-Hour ☐ Continuous Airworthiness ☒ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>1-10-23</u> mm/dd/yyyy Airframe Total Time: <u>8541</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident		Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>HARDY</u> Model: <u>HC-B3TW-3D</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	
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)	Time Since: Inspection (hours)	Overhaul (hours)																																									
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Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: _____		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																																															
Description of Fire Extinguishing System ☒ None Specify: _____		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 OwnerName: WHEELER RIDGE AVIATION INCCity: BAKERSFIELDState: CA ZIP: 93380Fractional Ownership Aircraft: Yes ☐ No ☒Country: US**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

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 FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒Airport Name: NONE PRIVATE STRIPAirport Identifier: NONEProximity to Airport: Off Airport/Airstrip On Airport/Airstrip ☒ N/ADistance From Airport Center: 1/3 smDirection From Airport: 270 degrees trueAirport Elevation: 500 ft. msl**Runway Information**Runway ID: NONE (L/R/C) Length: 2500 ft Width: 30 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
☐ VORTVOR ☐ 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: <u>James</u> City of Residence: <u>Bakersfield</u> Middle Initial: <u>M.</u> State: <u>Ca.</u> ZIP: <u>93313</u> Last Name: <u>Friedrich</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>60</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																			
Degree of Injury ☒ None Fatal ☐ Minor Unknown ☐ Serious		Seat Occupied Left Front Unknown Right Rear Center ☒ Single		Restraint Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>☒ 4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>		Available	Used	None	None	Lap only	Lap only	3-point	3-point	☒ 4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																															
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Unknown	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 <u>03/01/2023</u> mm/dd/yyyy																																																																																													
Medical Certificate Limitations <u>Must use corrective lens to meet vision standards at all required distances.</u>																																																																																																			
Medical Certificate Special Issuance																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/07/2022</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C180</u>																																																																																															
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 ☐ Glider ☐ Sport																																																																																													
Type Ratings						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td>5847.1</td> <td>770.2</td> <td></td> <td></td> <td>705</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>5847.1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>33</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										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	5847.1	770.2			705						Pilot in Command (PIC)	5847.1										Time as Instructor											This Make/Model											Last 90 Days	100										Last 30 Days	33										Last 24 Hours	0									
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Last Departure Point Airport ID: _____ City: <u>Mettler</u> State: <u>Ca</u> Country: <u>USA</u>		Time of Departure Time: <u>16:00</u> Time Zone: <u>Pacific</u>		Destination Airport ID: _____ City: <u>Mettler</u> State: <u>Ca</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR ☐ IFR ☐ Unknown 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 B Class C Class D Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93						Altitude of In-Flight Occurrence: _____ ft msl	
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather Company ☐ Military ☐ Internet ☐ None ☐ Unknown				Weather Observation Facility Facility ID: <u>WXGANNX-14</u> Observation Time: <u>14:00</u> Time Zone: <u>Pacific</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>045</u> degrees true			
Basic Conditions VMC IMC Unknown		Light Condition Dawn ☒ Day Dusk Night Dark Night Bright Night Unknown					
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown		Ceiling None (Clear) Broken Overcast Obscured Indefinite 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 _____ 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 Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle				Restriction to Visibility (Check all that apply) None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown	
Icing Forecast Amount None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown		Icing Actual Amount None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown		Turbulence Type (Check all that apply) None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme			
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 							

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

Date of this Report

06/14/2023
mm/dd/yyyy

Name of Pilot/Operator: James Martin Friedrich

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.
WPR23LA217

Reviewed by NTSB Regional Office
WPR

Name of Investigator
HICKS

Date Report Received
6/19/2023