

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT

REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Barstow-Daggett State: CA

ZIP: _____ Country: _____

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/01/2025 Local Time: 09:30

mm/dd/yyyy

HH:MM

Time Zone: PSTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N466TMManufacturer: LockheedModel: C-130Serial Number: 57-0466Year of Manufacture: 1,958Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 124,200 lbs.Weight at Time of Accident/Incident: 105,000 lbs.Number of Seats: 8 Flight Crew Seats: 3Cabin Crew Seats: 5 Passenger Seats: 0Number of Engines: 4Category of Aircraft
(Select one)

- ☒ 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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☒ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear

(Check all that apply)

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

Engine	Engine Manufacturer	Engine Model/Series	Engine 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	Allison	T56A-9	100800		3,750		6	1,473
Eng. 2	Allison	T56A-9	101559		3,750		6	2,565
Eng. 3	Allison	T56A-9	100110		3,750		6	2,178
Eng. 4	Allison	T56A-9	100736		3,750		6	3,213

Last Inspection Type

- ☐ 100-Hour
☐ AAIP
☒ Annual
☐ Continuous Airworthiness
☐ Condition Inspection
☐ Unknown

Date of Last Inspection: 01/28/2025

mm/dd/yyyy

Airframe Total Time: 18,860.4 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: 91.409(f)(4)

Description of Fire Extinguishing System

- ☐ None
☒ Specify: Halon

Additional Equipment

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☒ Autopilot/FMS, Model Honeywell
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☒ Electronic Flight Bag or Handheld Device
☒ Electronic Multifunction Display
☒ Electronic Primary Flight Display
☒ Flight Management System

- ☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Number of Axes: _____ Model: _____
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☐ Other, Specify: _____

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: PointerModel or Part No.: 3000-11TSO No.: ☐ OC91 (121.5 MHz) ☒ OC91a (121.5 MHz)
☐ OC126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☒ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hamilton-StandardModel: 54H60-91

Propeller 2

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hamilton StandardModel: 54H60-91

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>TBM Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Atwater</u> State: <u>CA</u> ZIP: <u>95301</u> Country: <u>USA</u>			
Operator of Aircraft ☒ <i>The Operator is also the Registered Owner</i> ☒ <i>Same address as Registered Owner</i> Name: _____ Doing Business As: _____ City: _____ State: _____ ZIP: _____ Air Carrier/Operator Designator (4-character code): _____			
Operating Certificates Held <i>(Check all that apply)</i> ☐ 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 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☒ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving ☐ Unknown	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm. Direction From Airport: _____ degrees true Airport Elevation: _____ ft. MSL	
Runway Information Runway ID: _____ Length: _____ ft. Width: _____ ft. Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area ☐ 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		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ 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 ☐ 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 <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☐ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☒ Captain ☐ First Officer ☐ 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: Richard

City of Residence: Greenville

Middle Initial: E.

State: FL ZIP: 32331

Last Name: Rowlette

Country: USA

Age at time of Accident/Incident: 58

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number [REDACTED]

Degree of Injury ☒ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table border="0"> <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
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☒ 4-point	☒ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ Unknown																
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Supplemental Restraint, specify: _____															

Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☐ Unknown ☐ Class 1 ☐ BasicMed ☒ Class 2 ☐ Driver's License (Sport Pilot only)	Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical <u>05/03/2024</u> mm/dd/yyyy
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Medical Certificate Limitations

Must Wear Corrective Lenses

Medical Certificate Special Limitations**Personal Flight Equipment** (Check all that apply)

☒ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☒ Fire resistant gloves
☒ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

09/08/2024
mm/dd/yyyy

Flight Review Aircraft

Make: Lockheed

Model: C-130

Airplane Rating(s) (Check all that apply) ☒ 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 Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings and Applicable Logbook Endorsements

L-382 (C-130)

Student Endorsements (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	8,000	7,000	500	7,000	2,500	500	400					250
Pilot in Command (PIC)	6,500	6,000	500	6,000	2,500	500	400					250
Time as Instructor	1,600	1,600	0	1,600	500	100	200					0
This Make/Model					3,000	500	400					
Last 90 Days	11	7	4	7	0	0	0					4
Last 30 Days	7	7	0	7	0	0	0					0
Last 24 Hours	6	6	0	7	0	0	0					0

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No

"Flight Crewmember 2" IdentificationFirst Name: JeffreyCity of Residence: ClovisMiddle Initial: SState: CAZIP: 93619Last Name: MacNeillCountry: USAAge at time of Accident/Incident: 38Date of Birth: mm/dd/yyyyCertificate Number: mm/dd/yyyy**Degree of Injury**

☒ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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 ☐ Sport
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: _____

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3 ☐ Unknown
☒ Class 1 ☐ BasicMed
☐ Class 2 ☐ Driver's License (Sport Pilot Only)

Medical Certificate Validity

☒ Without limitations/waivers ☐ Unknown
☐ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

05/08/2024
 mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Limitations

N/A

Personal Flight Equipment (Check all that apply)

☒ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☒ Fire resistant gloves
☒ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

08/31/2023
 mm/dd/yyyy

Flight Review AircraftMake: Lockheed MartinModel: HC-130J**Airplane Rating(s) (Check all that apply)**

☒ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

BE-400, MU-300

Student Endorsements (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	1,464	32	155	1308.6	352	272	26					
Pilot in Command (PIC)	533	0	117	415.6	117	106	4					
Time as Instructor	0	0	0	0	0	0	0					
This Make/Model					2	6	0					
Last 90 Days	4	4	0	4.2	0	0	0					
Last 30 Days	4	4	0	4.2	0	0	0					
Last 24 Hours	0	0	0	0	0	0	0					

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)					
Additional Crewmember Information			Seat Occupied		Injury
First Name: <u>Frederick</u> City of Residence: <u>Bay City</u>			☐ Left ☐ Rear ☒ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: <u>J.</u> State: <u>WI</u> Zip: <u>54723</u>					
Last Name: <u>Wester</u> Country: <u>USA</u>					
Personal Flight Equipment (Check all that apply) ☒ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☒ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer			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
Type Rating/Endorsement for Accident/Incident Aircraft? ☒ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: <u>2,500.00</u> hrs.		Supplemental Restraint, specify: _____	
Additional Crewmember Information			Seat Occupied		Injury
First Name: <u>Blake</u> City of Residence: <u>Sparks</u>			☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☒ Unknown ☐ Front		☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown
Middle Initial: <u>R</u> State: <u>NV</u> Zip: <u>89441</u>					
Last Name: <u>Martelle</u> Country: <u>USA</u>					
Personal Flight Equipment (Check all that apply) ☒ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☒ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:					
Pilot Certificate(s) (Check all that apply) ☒ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☒ No		Total Flight Time at the Time of this Accident/Incident: <u>8,000.00</u> hrs.		Supplemental Restraint, specify: Tethered Harness	
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)					
Number of Passengers <u>0</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Ronald</u> City: <u>Virginia City</u> Middle Initial: <u>G</u> State: <u>NV</u> Zip: <u>89440</u> Last name: <u>Field</u> Country: <u>USA</u> ☒ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☒ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☒ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☒ Other: Fire Res Gloves					

First Name: <u>Tad</u> City: <u>South Coffeyville</u> Middle Initial: <u>L</u> State: <u>OK</u> Zip: <u>74072</u> Last name: <u>Smith</u> Country: <u>USA</u> ☒ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☒ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ PLB ☒ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Mark</u> City: <u>Sommers</u> Middle Initial: <u>S</u> State: <u>CT</u> Zip: <u>06071</u> Last name: <u>Krasinki</u> Country: <u>USA</u> ☐ Crew ☐ Passenger ☒ Other Personal Flight Equipment (Check all that apply) ☒ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ PLB ☒ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Kevin</u> City: <u>Redondo Beach</u> Middle Initial: _____ State: <u>CA</u> Zip: <u>90277</u> Last name: <u>KraKaure</u> Country: <u>USA</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KBLH</u> City: <u>Blythe</u> State: <u>CA</u> Country: <u>USA</u>	Time: <u>07:05</u> HH:MM Time Zone: <u>PST</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KBLH</u> City: <u>Blythe</u> State: <u>CA</u> Country: <u>USA</u>	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☐ None

Airspace where the accident/incident occurred (Check all that apply)

- ☒ Class A ☐ Class G ☒ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Source of Pilot Weather Information**

(Check all that apply)

- ☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☒ Electronic Flight Bag-Application: ☐ 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

Lowest Cloud Condition

Height

NONE _____ ft. AGL

Light Condition

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

- ☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☐ Scattered

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

NONE _____ ft. AGL

Temperature: -25.00 (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:29.92 (Hg), or _____ (mb)**Wind Direction**☐ Variable

or

Direction: 320.00
degrees true**Wind Speed**

- ☐ Calm
☐ Light and Variable

or
Speed: 52.0 kts**Wind Gusts**☒ Not Gustingor
Speed: _____ kts**Visibility**

_____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft.

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**
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Icing Actual

- Amount**
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence (Check all that apply)

- Type**
☒ None **Severity**
☐ Clean Air ☐ Light
☐ Terrain-Induced ☐ Moderate
☐ Convective ☐ Severe
☐ Turbulence ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAG01/007

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☒ None ☐ Substantial
☐ Minor ☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

NONE

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink.)

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 location, services obtained, and intended destination. Provide as much detail as possible.

Planned Profile: Drop 26,000lb test package from FL250 over Coyote Dry Lake Drop Zone within lateral confines of Barstow MOA.

Preflight actions: All airspace coordination with Edwards AFB R2508 complex and LA Center completed prior to mission and approved.

Coordination with Seattle ACO for special airworthiness certificate completed prior to mission and flight profile approved. Test package was loaded on the aircraft and rigged for airdrop IAW USAF T.O. 1C-130A-9 the day prior (31 Jan 25). The NOTAM was issued as DAG01/007.

A mission briefing was conducted the day prior with all participating parties represented. A flight crew safety briefing was conducted prior to takeoff the morning of the mission day (1 Feb 25).

Mission Synopsis: Mission departed KBLH approximately 07:05am PST on mission profile time. Crew pre-breathed 100% Oxygen for 40 minutes prior to depressurizing IAW published USAF Manual 11-409 high altitude oxygen requirements.

At approximately 08:10am PST, Crew coordinated with LA Center to enter lateral boundaries of Barstow MOA in a block altitude of FL230-FL250. The aircraft entered Barstow MOA at DAGGS intersection, proceeded north, intercepted a 090T (approx 079M) run-in course to the planned release point and began 10nm left hand orbits to establish drop parameters of 25,000' GPS True Altitude (approx 23,800MSL at that time) and 140kts indicated. The release point was calculated and provided to the crew prior to flight and should have kept all equipment within the pre-planned safety/drop zone recovery area.

Winds at altitude were approximately 310/50 and OAT was approximately -30C. Left hand orbits required maneuvering close to the R2515 boundary and preflight coordination agreement included that we would remain clear at all times. All checklists were accomplished IAW T.O. 1-C130A-1. Two dry passes were planned and accomplished and on the downwind leg of the hot pass, the ramp and door were opened and checklists proceeded normally.

At approximately 08:40am PST, and about 20-30 degrees from rollout onto the inbound 090T course and approximately 10 miles west of the planned release point, the loadmaster informed the crew the platform was moving. At this point, the aircraft was still in a 15-20° left bank and the nose rose and yawed to the right. Because the extraction parachute had not deployed, and the load was moving due to gravity alone, it was a very slow exit resulting in excessive pitch up as the load exited and during the subsequent aircraft recovery, between 0-1g were experienced by the crew and mission specialists. Aircraft control was retained throughout recovery.

Crew began an orbit back around to see if parachutes were visible when one loadmaster reported possible injuries in the back of the plane. At that point, the crew notified ATC of a desire to return to KBLH. After assessing injuries of two crew members (one load master, one physiological technician) and determining neither were life threatening, as well as ensuring the aircraft was operating correctly with no damage, crew elected not to declare an emergency with ATC and instead coordinated with the ground party to have medical personnel meet the aircraft upon landing. Remainder of flight was uneventful. After landing at KBLH, local medical personnel met injured crew and they were transported and treated accordingly. Injuries included fractured tibia at ankle (loadmaster) and fractured sacrum/pelvis and rib (physiological technician).

Post Flight: Upon subsequent post-flight inspection, no obvious aircraft equipment malfunctions were noted. All aircraft systems appeared to be correct and operating normally. Upon post-flight debrief and review, all crew actions were in accordance with published guidance.

OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)

Operator has instituted and contracted for scheduled load master Air Drop and Emergency re-currency training as well as performance of "Joint Airdrop Inspection" (JAI), of load, load rigging and lock settings IAW USAF/USA DD Form 1748 Checklist to be conducted by third party contractor not involved in the loading, rigging or aircraft preparation for airdrop.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☒ None
☐ Substantial
☐ Minor
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

NONE

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink.)

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MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)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 & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

2,630.0 Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☒ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft.)

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
I understand that the information provided may be subject to public release.

Date of this report: <u>02/18/2025</u> mm/dd/yyyy	Name of Pilot/Operator: <u>TBM Inc</u> Signature:  -or- ☐ Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: _____ Title: _____
 Signature: _____
 -or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR25LA089	Reviewed by NTSB AS Division WPR	Name of Investigator Zane Brown	Date Report Received 02/19/2025
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