

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: MonroeState: WAZIP: 98272Country: USLatitude: 47-52-16.9090NLongitude: 121-59-42.8780W(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2025-05-26Local Time: 16:15mm/dd/yyyy

Time Zone:

America/Los Angeles

○ Midair

Collision with Other

○ On-ground

Aircraft:

● None

AIRCRAFT INFORMATION

Registration Number: N6132GManufacturer: CessnaModel: 172NSerial Number: 17273570Year of Manufacture: 1980

Amateur-Built: ○ Yes

If yes: ○ Original Design

✓ IFR-Equipped and Certified

□ Commercial Space Flight

□ Unmanned Aircraft

Maximum Gross Weight: 2400lbsWeight at Time of Accident/Incident: 2080lbsNumber of Seats: 4Flight Crew Seats: 2

Cabin Crew Seats:

Passenger Seats: 2Number of Engines: 1

● No

○ Kit/Plans

Make:

Category 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 Waiver or Authorization (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/yy yy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Lycoming	O-320-D2J	RL-15507-39E	2021-03-31	160	5044.1	23.7	2434.4
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- «Last_inspection_type_Condition_Inspection» Condition Inspection
- Unknown

Date of Last Inspection: (mm/dd/yyyy) 2025-05-14Airframe Total Time: 19106.90 hours

Hours measured at (Select one)

- Last Inspection
- Time of Accident/Incident

Additional Equipment

- ✓ ADS-B
- Airframe Parachute
- Angle of Attack Indicator
- Autopilot
- Autopilot/FMS, Model_
- 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, Axis: Model:
- Satellite Tracking Device
- ✓ Stall Warning System
- Video Recording Device
- Wire Strike Detection
- Wire Strike Protection
- Other, Specify:

Type of Maintenance Program <i>(Select one)</i> ☒ 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:	ELT Installed ☒ Yes ☐ No <i>If yes:</i> ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04</u> 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 <i>If activated: Did ELT aid in locating aircraft?</i> ☐ Yes ☐ No <i>If not activated: Indicate Reason:</i> ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown	Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>74DM7514-0-58</u> Propeller 2 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>MORCOM AVIATION SERVICES, INC</u> State: <u>WA</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>EVERETT</u> Country: <u>US</u> ZIP: <u>98204</u>		
Operator of Aircraft ☐ The Operator is also the Registered Owner ☒ Same address as Registered Owner Name: Doing Business As: <u>Regal Air</u> City: State: Air Carrier/Operator Designator (4-character code): ZIP: Country:		
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 Waiver or Authorization (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 (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ 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 ☐ Unknown
Revenue Sightseeing Flight? ☐ Yes ☒ No	Air Medical Flight? ☐ Yes ☒ No	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)		
Airport Name: <u>First Air Field</u> Airport Identifier: <u>W16</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance from Airport Center: <u>0 sm.</u> Direction from Airport: <u>0 degrees true</u> Airport Elevation: <u>50ft. MSL</u>
Runway Information Runway ID: <u>W16</u> Length: <u>2087 ft.</u> Width: <u>34 ft.</u>		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Glassy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Choppy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ ☐ Unknown ☐ Elevated ☐ Helistop Metal/Wood Heliport ☐ Off-site landing area		
Approach/Departure Segment <i>(Select one)</i>		

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

IFR Approach (Check all that apply)

✓ None

- | | | |
|-----------------------------------|--|-----------------------------------|
| ☐ ADF/NDB | ☐ PAR | ☐ MLS |
| ☐ SDF | ☐ Sidestep | ☐ LDA |
| ☐ VOR/TVOR | ☐ ILS | ☐ ASR |
| ☐ VOR/DME | ☐ Localizer Only | ☐ Visual |
| ☐ TACAN | ☐ LOC-back course | ☐ Contact |
| | ☐ RNAV | ☐ Circling |

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" 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: Puja City of Residence: Bothell

Middle Initial: State: WA Zip: 98012

Last Name: Karna Country: US

Age at time of Accident/Incident: 37 Date of Birth: 1988-XXXX (mm/dd/yyyy)

Certificate Number: XXXXXX

Degree of Injury ● None ○ Unknown ○ Minor ○ Serious ○ Fatal	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 type: _____																
Principle Occupation ● Pilot ○ Other ○ Unknown	Medical Certificate ○ None ○ BasicMed ● Class 1 ○ Driver's License (Sport Pilot only) ○ Class 2 ○ Class 3 ○ Unknown	Medical Certificate Validity ● Without limitations/waivers ○ Unknown ○ With limitations/waivers ○ N/A ○ Special Issuance	Date of Last Medical 2023-12-14 _____ mm/dd/yyyy														

Medical Certificate Limitations

None

Medical Certificate Special Limitations

None

Personal Flight Equipment (Check all that apply)

- ☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective 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:

2025-01-18

mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172N

Airplane Rating(s) <i>(Check all that apply)</i> ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i>					

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time	1434.8	433	1434.8		55.7	33	66					
Pilot-in-Command	1313.5	406.6	1313.5		52.5	33	66					
Time as Instructor	919.1	250	919.1		36.9							
This Make/Model												
Last 90 Days	160	91	45.2		2	5	7					
Last 30 Days	54	30.4	54									
Last 24 Hrs.												

“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” Identification:

First Name: Isaiah City of Residence: Camano Island

Middle Initial: Samuel State: WA Zip: 98282

Last Name: Winters Country: US

Age at time of Accident/Incident: 38 Date of Birth: 1986-XXXX (mm/dd/yyyy)

Certificate Number: XXXXXX

Degree of Injury ☒ None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> <td style="width:50%; vertical-align: top;"> Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table> Supplemental. 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
Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown				
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☒ Student ☐ Flight Engineer		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			

Medical Certificate Limitations None	Medical Certificate Special Limitations
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Personal Flight Equipment *(Check all that apply)*

☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/goggles ☐ 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: mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____								
Airplane Rating(s) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☒ None		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Helicopter ☐ Airship ☐ Powered Lift ☐ Balloon ☐ Glider ☐ Gyroplane		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport						
Type Ratings and Applicable Logbook Endorsements						Student Endorsements <i>(Include dates)</i> US citizen or national in accordance with 49 CFR 1552.3(h) 02/10/2025 Pre-solo knowledge test of 61.87(b) for the make and model completed 04/18/2025 Initial Solo Endorsement (Pre-solo flight training for the maneuvers and procedures appropriate to make & model required by 61.87, applicable requirements of 61.87(n)) 04/30/25						
Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	54	54	54									
Pilot-in-Command	1.1	1.1	1.1									
Time as Instructor												
This Make/Model												
Last 90 Days	45.2	45.2	45.2									
Last 30 Days	14.8	14.8	14.8									
Last 24 Hrs.												
ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)												
Additional Crewmember Information First Name: _ City of Residence: Middle Initial: _ State: Zip: Last Name: _ Country:								Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Personal Flight Equipment <i>(Check all that apply)</i> ☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:												
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:		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: hrs. _____									
Additional Crewmember Information First Name: _ City of Residence: Middle Initial: _ State: Zip: Last Name: _ Country:								Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		

Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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) <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:		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: hrs. _____			

PASSENGER(S) / OTHER PERSONNEL <i>(Include cabin crew; continue on separate sheet, if necessary.)</i>					
Number of Passengers _____					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: State: Zip: Last name: Country: ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ 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>KPAE</u> City: <u>Everett</u> State: <u>WA</u> Country: <u>US</u>	Time: <u>15:45</u> Time Zone: _____ America/Los_Angeles	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KPAE</u> City: <u>Everett</u> State: <u>WA</u> Country: <u>US</u>	● None ○ VFR/IFR ○ Company ○ IFR VFR ○ Unknown ○ Military VFR ○ VFR Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service (Check all that apply)☐ None

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|---------------------------------------|
| ☐ Certificate of Authorization | ☐ Special VFR | ☐ Special IFR | ☐ VFR Flight Following | ☐ Cruise |
| ☒ VFR | ☐ IFR | ☐ VFR On Top | ☐ Traffic Advisory | ☐ Unknown / NA |

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

- | | | | | |
|----------------------------------|---|---|---|--|
| ☐ Class A | ☒ Class G | ☐ Military Operations Area (MOA) | ☐ Special | Altitude of In-Flight Occurrence:

ft. MSL |
| ☐ 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 | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Electronic Flight Bag-Application: ☐ On-Board Weather	Facility ID: <u>KPAE</u> Observation Time: <u>14:00</u> Time Zone: <u>America/Los Angeles</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>247</u> degrees true
Basic Conditions ● VMC ○ IMC ○ Unknown	Lowest Cloud Condition Height <u>5500 ft. AGL</u> Light Condition ○ Dawn ○ Dusk ○ Dark Night ○ Unknown ● Day ○ Night ○ Bright Night

Altimeter Setting: <u>30.15</u> Hg or mb	Wind Direction ☐ Variable or Direction: <u>360</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>7</u> kts	Wind Gusts ☐ Not Gusting or Speed: <u>kts</u>	Visibility <u>10</u> miles RVR: <u>feet</u> RVV: <u>miles</u> Destiny Altitude: <u>367</u> ft
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Type of Precipitation (Check all that apply)			Restriction to Visibility (Check all that apply)	
☒ None	☐ Drizzle	☐ Freezing Rain	☒ None	☐ Fog
☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog
☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke
			☐ Dust	☐ Unknown

Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence <i>(Check all that apply)</i>	
Amount	Type	☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Amount	Type	Type	Severity
☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence	☐ Light ☐ Moderate ☐ Severe ☐ Extreme

NOTAMs- None applied to the flight AIRMETS Mountain Obscuration Valid 2025-05-26T21:00:00Z Issued:2025-05-26T20:45:00Z Due to: MTNS OBSC BY PCPN/CLDS SIGMETS- NONE PIREPs- None for KPAE SEA UA /OV SEA140010/TM 2025/FL080/TP B39M/SK TOP080/TB LGT CHOP/RM /ZSE BFI UA /OV BFI315006/TM 2022/FL020/TP CL35/SK /SK SCT040SEA UA /OV SEA161006/TM 2018/FL040/TP B739/SK BKN033/RM DURC SEA UA /OV SEA090050/TM 1939/FL080/TPS22T/SK TOP080/RM ZSE

Aircraft Damage	Aircraft Fire	Aircraft Explosion
○ None ● Substantial ○ Minor ○ Destroyed ○ Unknown	● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown	● None ○ Both Ground and In-Flight ○ In-Flight ○ Fire at Unknown Time ○ On-Ground ○ Unknown

Right wing bent aft from striking ground. Rear carry through spar bent. Right rear cabin door post bent. Upper cabin skins wrinkled. Lower cowling dented. Forward belly skin dented. Nose landing gear and attaching structure has not been inspected.

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.

On Monday May 26th , 2025, I was conducting a flight lesson with my student, which was a part of a Stage II Private Pilot ASEL flight training. (METAR for KPAE for that time 262153Z 360/ 9KT 10SM 5500OVC 15/8 30.15 34L/34R was in use). During prior training sessions, we practiced short field takeoffs and landings at Paine Field (KPAE) and one lesson at Monroe (W16) a week before and he was able to land after 3 go-arounds, he made his first landing with my little help. After that he did make another landing on his own and we decided to come back to Paine Field (KPAE). On the day of the incident, we departed for Monroe Airport to conduct practice non-towered airport operations & Short field takeoffs and landings and VOR tracking practice on our way back. When we got there, we noticed wind was favoring Runway 07 with crosswind of approximately 5-8 KIAS from the Southeast. We were able to land smoothly using short field techniques on the first attempt. We came around for another landing, after we turned on final, I could see we were drifting left of the imaginary centerline (there is no painted centerline). I asked him to apply the right aileron towards the wind and opposite rudder for wind correction. He corrected and realigned with the runway. Our approach looked good and we were doing about 60 KIAS but we were little high so I had him pull power back to idle. We got back on glide path, and flared at around our aiming point, made our touchdown at the very beginning of the runway but a little bit to the left side of the runway slightly at an angle. Touchdown was on the asphalt but we started drifting to the left. As the left gear reached the grass, the plane continued at that same angle as we tried to straighten it out with rudder but this was not effective. Within a matter of seconds we ended up in the ditch. The impact was soft, so no one was injured. We secured the engine and both of us made our exit from the left door. Emergency vehicles arrived approximately 3 minutes after the incident. I reported the incident to appropriate authorities at Regal Air.

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

None at this time.

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/ Cycles On Part Hours _____ Cycles _____
		Time Since This Part Inspected/Overhauled Hours _____
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 38Gallons _____	Fuel Type • 100 Low Lead ☐ Jet A ☐ Unleaded AV ○ Automotive ☐ Jet A-1 ☐ Other, specify _____	
Other Services, if any, prior to departure: 		
EVACUATION OF AIRCRAFT		
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: 		
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft.)		
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: _____	
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.

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report: Tue Jun 03 2025 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: Puja Karna Signature: -or- ☒ Check hereto 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.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
WPR25LA162	AS-WPR	Kathryn Whitaker	June 4, 2025