

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: Spokane ValleyState: WAZIP: 99016Country: USLatitude: 47.61Longitude: 117.18(Enter in decimal degrees or
degrees:minutes:seconds)**Accident/Incident Date/Time**Date: 2025-06-15Local Time: 14:19mm/dd/yyyy

Time Zone:

America/Los Angeles

○ Midair

Collision with Other

○ On-ground

Aircraft:

● None

AIRCRAFT INFORMATION**Registration Number:** N6848**Manufacturer:** Boeing**Model:** B75N1**Serial Number:** 75-6848**Year of Manufacture:** 1942**Amateur-Built:** ○ Yes If yes: ○ Original Design☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned Aircraft**Maximum Gross Weight:** 2950lbs**Weight at Time of Accident/Incident:** 2686lbs**Number of Seats:** 2**Flight Crew Seats:** 1**Cabin Crew Seats:** 0**Passenger Seats:** 1**Number of Engines:** 1

● No

○ Kit/Plans

Make:

Category of Aircraft (Select one)	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)																																								
● Airplane ○ Balloon ○ Blimp/Dirigible ○ Glider ○ Gyroplane ○ Helicopter ○ Powered Lift ○ Rocket ○ Ultralight ○ Unknown	<table><thead><tr><th>Standard</th><th>Special</th></tr></thead><tbody><tr><td>☐ Normal</td><td>☐ Restricted</td></tr><tr><td>☒ Aerobatic</td><td>☐ Limited</td></tr><tr><td>☐ Balloon</td><td>☐ Provisional</td></tr><tr><td>☐ Commuter</td><td>☐ Special Flight</td></tr><tr><td>☐ Transport</td><td>☐ Experimental</td></tr><tr><td>☐ Utility</td><td>☐ Special Light-Sport</td></tr><tr><td></td><td>☐ Experimental Light-Sport</td></tr><tr><td>☐ Certificate of Waiver or Authorization (COA)</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	Standard	Special	☐ Normal	☐ Restricted	☒ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	☐ Certificate of Waiver or Authorization (COA)		☐ None	☐ Unknown	<table><tbody><tr><td>☐ Retractable</td><td>☐ High Skid</td></tr><tr><td>☐ Tricycle</td><td>☐ Skid</td></tr><tr><td>☒ Tailwheel</td><td>☐ Ski/Wheel</td></tr><tr><td>☐ Emergency Float</td><td>☐ Hull</td></tr><tr><td>☐ Float</td><td>☐ Ski</td></tr><tr><td>☐ Amphibian</td><td></td></tr><tr><td>☐ Other Launch/Recovery System</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	☐ Retractable	☐ High Skid	☐ Tricycle	☐ Skid	☒ Tailwheel	☐ Ski/Wheel	☐ Emergency Float	☐ Hull	☐ Float	☐ Ski	☐ Amphibian		☐ Other Launch/Recovery System		☐ None	☐ Unknown	<table><tbody><tr><td> ● Reciprocating ○ Turbo Shaft ○ Turbo Prop ○ Turbo Jet ○ Turbo Fan ○ Electric </td><td> ○ Liquid Rocket ○ Solid Rocket ○ Hybrid Rocket ○ None ○ Unknown </td></tr><tr><td colspan="2">Fuel System Type (Reciprocating) ● Carburetor ○ Fuel Injected</td></tr></tbody></table>	● 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	
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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	Continental	W-670-6N	15040		220	855.4	17.7	855.4
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) 2025-01-20**Airframe Total Time:** 5172.8hours

Hours measured at (Select one)

- Last Inspection
- Time of Accident/Incident

Additional Equipment

- | | |
|---|--|
| ☒ ADS-B | ☐ Handheld GPS |
| ☐ Airframe Parachute | ☐ Heads Up Display |
| ☐ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☐ Autopilot | ☐ Onboard Weather |
| ☐ Autopilot/FMS, Model_ | ☐ Primary Flight Display |
| ☐ Coupled Flight Director | ☐ SAS, Axis: Model: |
| ☐ Data Recorder | ☐ Satellite Tracking Device |
| ☐ Device Stall Warning System | ☐ Stall Warning System |
| ☐ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☐ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☐ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☐ Flight Management System | ☐ Other, Specify: |

ELT Installed ● Yes ○ No**Propeller 1**

o Unknown

IFR Approach (Check all that apply)

✓ 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

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**

o Captain o First Officer ● Pilot o Co-Pilot o Student Pilot o Flight Instructor o Check Pilot o Flight Engineer o Other Flight Crew

"Flight Crewmember 1" was pilot flying ✓ Yes □ No

"Flight Crewmember 1" Identification:

First Name: Roderick City of Residence: Valleyford
 Middle Initial: W State: WA Zip: 99036
 Last Name: Tataryn Country: US
 Age at time of Accident/Incident: 60 Date of Birth: 1 mm/dd/yyyy
 Certificate Number:

Degree of Injury ● None o Unknown o Minor o Serious o Fatal	Seat Occupied o Left o Front o Unknown o Right ● Rear o Center o Single	Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>o None</td> <td>o None</td> </tr> <tr> <td>o Lap only</td> <td>o Lap only</td> </tr> <tr> <td>o 3-point</td> <td>o 3-point</td> </tr> <tr> <td>● 4-point</td> <td>● 4-point</td> </tr> <tr> <td>o 5-point</td> <td>o 5-point</td> </tr> <tr> <td>o Unknown</td> <td>o Unknown</td> </tr> </table>	Available	Used	o None	o None	o Lap only	o Lap only	o 3-point	o 3-point	● 4-point	● 4-point	o 5-point	o 5-point	o Unknown	o Unknown	Inflatable Restraints ✓ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
o None	o None																
o Lap only	o Lap only																
o 3-point	o 3-point																
● 4-point	● 4-point																
o 5-point	o 5-point																
o Unknown	o 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 o Pilot ● Other o Unknown	Medical Certificate o None ● BasicMed o Class 1 o Driver's License (Sport Pilot only) o Class 2 o Class 3 o Unknown	Medical Certificate Validity ● Without limitations/waivers o Unknown o With limitations/waivers o N/A o Special Issuance	Date of Last Medical 2022-03-30 _____ mm/dd/yyyy														
Medical Certificate Limitations		Medical Certificate Special Limitations															

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:

2025-03-18

mm/dd/yyyy

Flight Review AircraftMake: PiperModel: PA-18

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> Tailwheel 2/3/89 Complex 5/9/03 High Performance 5/9/03					

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	1913.6	212.7	1912.2	1.4	116.4	109.7	102.3	0	0	0	0	388.1
Pilot-in-Command	1719.2	212.7	1719.2	0	112.0	109.7	102.3	0	0	0	0	381.0
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0					
Last 90 Days	51	15.8		0	0	1.1	0	0	0	0	0	46.2
Last 30 Days	20.8	4.8	20.8	0	0	1.1	0	0	0	0	0	18.5
Last 24 Hrs.	0	0	0	0	0	0	0	0	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” 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 ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	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 Supplemental Restraint type:	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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	
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown	Date of Last Medical mm/dd/yyyy	

Medical Certificate Limitations	Medical Certificate Special Limitations
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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: 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 ☐ 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												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
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
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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: _____

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
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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: _____							
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 (Include cabin crew; continue on separate sheet, if necessary.)							
Number of Passengers _____							
Passenger Information		Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: <u>Carol</u> City: <u>Valleyford</u> Middle Initial: <u>A</u> State: <u>WA</u> Zip: <u>99036</u> Last name: <u>Tataryn</u> Country: <u>US</u> ☐ 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	☒ 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: <u>State:</u> Zip: _____ Last name: <u>Country:</u> ☐ 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	☐ 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: <u>State:</u> Zip: _____ Last name: <u>Country:</u> ☐ 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		☐ 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

☐ 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>KSFF</u> City: <u>Spokane</u> State: <u>WA</u> Country: <u>US</u>	Time: <u>12:15</u> Time Zone: _____ America/Los_Angeles	Flight Number: _____ Operating as Flight _____	Airport ID: <u>WN92</u> City: <u>Spokane Valley</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:
<u>ft. MSL</u> |
| ☐ 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: Foreflight ☐ On-Board Weather	☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	Facility ID: <u>KSFF</u> Observation Time: <u>13:53</u> Time Zone: <u>America/Los_Angeles</u> Distance from Accident Site: <u>7.1</u> nm Direction from Accident Site: <u>294</u> degrees true
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>ft. AGL</u>	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height <u>ft. AGL</u>

Altimeter Setting: <u>30.05</u> Hg or mb	Wind Direction ☐ Variable or Direction: <u>220</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>7</u> kts	Wind Gusts ☐ Not Gusting or Speed: <u>15</u> kts	Visibility <u> </u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u>4500</u> ft
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Type of Precipitation <i>(Check all that apply)</i>			Restriction to Visibility <i>(Check all that apply)</i>	
☐ 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 (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: none	
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY
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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

Description of Damage to Aircraft and Other Property <i>(Use additional sheet, if necessary.)</i>	
Landing gear destroyed on impact with pump house structure adjacent to the east runway edge at midfield during takeoff. Nosed into grass striking propeller and aircraft overturned forward upside down. Pump house was damaged. Airframe, propeller, and engine were damaged and require repair.	

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.

I was departing Sky Meadows Airpark (WN92) with my wife as a passenger, on Sunday, June 15th, 2025, at 2:18 PM local time in my 1942 Boeing Stearman Kaydet, N6848, to my home airport, Felts Field (KSFF), approximately 7 NM to thenorthwest. I am a 1900 hour instrument rated, private pilot. I have 213 hours in N6848 with over1000 takeoffs and landings in this specific airplane. I am also very familiar with WN92 having flown in and out of this field many times. WN92 has no local weather reporting, however nearby KSFF wasreporting winds 220@7 G15. Visibility was 10 SM and clear. Temp was 27C, dewpoint was minus 3C. Altimeter was 30.05 inches. N6848 has a max gross weight limit of 2950 lbs and an empty weight of 2195 lbs. We had 36 gallons of fuel on board weighing 216 lbs. I weigh 176 lbs and my wife weighs 100 lbs. We had approximately 10 lbs of miscellaneous items in the luggage compartment, adding up to 502 lbs, leaving us 253 lbs below maximum useful load. Normal takeoff roll for my aircraft with its 220 hp Continental R670 engine in standard atmospheric conditions at max gross is approximately 600 feet, however, the density altitude was at the time was 4,500 feet and we were departing a long dry grass runway, so I calculated the expected takeoff roll to be 50% longer or approximately 900-1000ft, which was approximately 1/3 of the total field length of 3100 feet. The favored runway according to the windsock at the north end of the field where we were parked was runway 16, departing to the south. Another aircraft that departed prior to me used runway 16 as well. However, the aircraft just prior to that had taken off of runway 34 due to shifting winds and variable westerly and northwesterly windsock indications at center field. Following engine warmup and preflight checks, I lined up on runway 16 and locked my tailwheel as is standard procedure for the non-steerable, castoring tailwheel on my Navy version N2S-3 Stearman. I accelerated down the runway, but after approximately 1000 feet I was unable to generate enough airspeed to lift off the grass runway likely due in part to the DA and a developing quartering tailwind component during variable gusty wind conditions. I was also moving toward the left side of the runway partly due to the quartering tailwind reducing rudder authority, but primarily due to the lack of clearly defined runway edges at WN92, which makes lateral situational awareness more challenging particularly in the Stearman. The Stearman plane flown from the rear seat lacks forward visibility over the nose requiring peripheral indicators for maintaining direction. At the point that I recognized I was at the left runway edge I chose to abort the takeoff. The split second that I made the decision to cut my throttle and abort the takeoff, I heard loud bang and felt a violent impact that instantly drove the plane's nose into the ground that flipped the aircraft forward on its back. I had struck a single, low, lone-standing pump house structure on the left edge of the runway, which was not visible in front of the Stearman's fuselage. I am very confident that if I had not hit that structure adjacent to the eastern runway edge, I would have executed an uneventful aborted takeoff with 1500 feet of remaining runway in which to do so. Several fellow pilots on the field came to the scene and assisted my wife and my removal from the inverted aircraft. Both of us were responsive. The local Sheriff and Paramedics were called and arrived quickly. My wife and I both were medically evaluated and found to have no broken bones or internal injuries. Prior to leaving the scene I contacted the NTSB by telephone and was given verbal permission to move the aircraft off of the runway. We both returned home the same day with minor muscle and ligament pain, but thankfully no significant injuries.

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

I recommend that WN92 consider more clearly marking the runway edges for the benefit of antique tailwheel aircraft with limited forward visibility that rely entirely on peripheral cues for directional information. I also suggest that the pump house structure on the eastern runway edge at midfield be relocated or buried if possible to prevent future potential aircraft impacts if aircraft inadvertently near the east runway edge.

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> 36Gallons _____	Fuel Type • 100 Low Lead ○ Automotive ○ Jet A ○ Jet A-1 ○ Unleaded AV ○ Other, specify _____	
Other Services, if any, prior to departure: none		
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: Sat Jun 21 2025 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: Roderick W Tataryn 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
WPR25LA172	WPR	ZANE BROWN	06/21/2025