

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: Pacific City State: ORZIP: 97135 Country: USALatitude: N45.199 Longitude: W123.962

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

Accident/Incident Date/TimeDate: 05/14/2026 Local Time: 16:14
mm/dd/yyyy HH:MMTime Zone: UTC-7Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N9158LManufacturer: BellancaModel: 7ACASerial Number: 19-71Year of Manufacture: 1,971Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

- ☐
- IFR-Equipped and Certified
-
- ☐
- Commercial Space Flight
-
- ☐
- Unmanned Aircraft

Maximum Gross Weight: 1,300 lbs.Weight at Time of Accident/Incident: 1,269 lbs.Number of Seats: 2 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 0Number of Engines: 1**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 | Special |
| ☒ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☐ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
| ☐ Certificate of Authorization or Waiver (COA) | |
| ☐ None ☐ Unknown | |

Landing Gear
(Check all that apply)

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

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒
- Carburetor
- ☐
- Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	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	Continental	C85-12FJH	22741-6-12	01/01/1950	85			101
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 05/02/2026
mm/dd/yyyyAirframe Total Time: 1,833.9 hrs

Hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident**Type of Maintenance Program (Select One)**

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

Description of Fire Extinguishing System

- ☒
- None
-
- ☐
- Specify: _____

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, 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: Emerg. Beacon Corp.Model or Part No.: EBC102ATSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (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 ☒ UnknownPropeller 1 ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: SensenichModel: 72CK-44Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

"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:

City of Residence: Hillsboro

Middle Initial:

State: OR ZIP: 97006

Last Name:

Country: USA

Age at time of Accident/Incident: 21

Date of Birth: (mm/dd/yyyy)

Certificate Number:

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

Supplemental Restraint, specify:

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

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

04/27/2026
 mm/dd/yyyy

Medical Certificate Limitations**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:

04/03/2026
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: Seminole (PA44-180)

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

Tailwheel Endorsement

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	429	8	407	21	48	8	36	0	2	0	0	56
Pilot in Command (PIC)	376	8	368	10	48	8	34	0	0	0	0	56
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0					
Last 90 Days	49	7	37	13	5	4	5	0	1	0	0	16
Last 30 Days	19	6	16	3	0	0	2	0	1	0	0	14
Last 24 Hours	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 ☐ 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

 mm/dd/yyyy

Medical Certificate Limitations**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:

 mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

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**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												
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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.		

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers <u>1</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: [REDACTED] City: <u>Hillsboro</u> Middle Initial: [REDACTED] State: <u>OR</u> Zip: <u>97124</u> Last name: [REDACTED] 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: <u>2</u>	☒ 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 Supplemental Restraint, specify: _____	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

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
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
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>KPFC</u> City: <u>Pacific City</u> State: <u>OR</u> Country: <u>USA</u>	Time: <u>16:02</u> HH:MM Time Zone: <u>UTC-7</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KONP</u> City: <u>Newport</u> State: <u>OR</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service <i>(Check all that apply)</i>					
☐ 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 <i>(Check all that apply)</i>					
☐ 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 <i>(Check all that apply)</i>			Weather Observation Facility		
☒ National Weather Service			Facility ID: <u>KTMK METAR</u>		
☐ Flight Service Station			Observation Time: <u>16:15 local</u>		
☐ TV/Radio			Time Zone: <u>UTC-7</u>		
☐ Automated Report			Distance from Accident Site: <u>14.50</u> nm		
☒ Electronic Flight Bag-Application: Foreflight			Direction from Accident Site: <u>2.00</u> degrees true		
☐ On-Board Weather					
Basic Conditions		Lowest Cloud Condition	Light Condition		
☒ VMC		Height	☐ Dawn		
☐ IMC		<u>2700</u> ft. AGL	☐ Dusk		
☐ Unknown			☒ Day		
			☐ Night		
			☐ Dark Night		
			☐ Bright Night		
			☐ Unknown		
Sky/Lowest Cloud Condition		Ceiling	Ceiling Height		
☐ Clear		☐ None (Clear)	<u>3900</u> ft. AGL	Temperature: <u>14.00</u> (°C) or _____ (°F)	
☐ Thin Broken		☒ Broken		Dewpoint: <u>11.00</u> (°C) or _____ (°F)	
☐ Few		☐ Overcast			
☐ Partial		☐ Obscured			
☐ Obscuration		☐ Indefinite			
☒ Scattered		☐ Unknown			
Altimeter Setting:		Wind Direction	Wind Speed	Wind Gusts	Visibility
<u>30.20</u> (Hg), or _____ (mb)		☐ Variable or	☐ Calm	☒ Not Gusting	<u>10.0</u> miles
		Direction: <u>230.00</u> degrees true	☐ Light and Variable	Speed: _____ kts	RVR: _____ feet
			Speed: <u>8.0</u> kts		RVV: _____ miles
					Density Altitude: <u>-353.0</u> ft.
Type of Precipitation <i>(Check all that apply)</i>					Restriction to Visibility <i>(Check all that apply)</i>
☒ None					☒ None
☐ Rain					☐ Fog
☐ Snow					☐ Blowing Dust
☐ Hail					☐ Blowing Sand
☐ Rain Showers					☐ Blowing Snow
☐ Drizzle					☐ Blowing Spray
☐ Ice Pellets					☐ Dust
☐ Snow Pellets					☐ Unknown
☐ Snow Grains					
☐ Freezing Rain					
☐ Snow Shower					
☐ Ice Pellets Shower					
☐ Freezing Drizzle					
☐ Ice Crystals					
Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence <i>(Check all that apply)</i>
Amount	Type	☐ Light	Amount	Type	Type
☒ None	☒ N/A	☐ Moderate	☒ None	☒ N/A	☒ None
☐ Trace	☐ Rime	☐ Heavy	☐ Trace	☐ Rime	☐ Clean Air
☐ Light	☐ Clear	☒ N/A	☐ Light	☐ Clear	☐ Terrain-Induced
☐ Moderate	☐ Mixed	☐ Unknown	☐ Moderate	☐ Mixed	☐ Convective
☐ Severe	☐ Unknown		☐ Severe	☐ Unknown	Turbulence
☐ Unknown			☐ Unknown		Severity
					☐ Light
					☐ Moderate
					☐ Severe
					☐ Extreme
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:					

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.)*

Flipped over, damaged engine and propeller, top of rudder bent, right wing bent and fabric stressed

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.

See attached

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

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)

8.0 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:

Exited through right side door - passenger first, then pilot

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ 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>05/26/2026</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: [REDACTED]
	Signature: _____ -or- ☒ Check here to electronically sign this document

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
WPR26LA193	OAS - WPR	Eric M. Gutierrez	05/26/2026

The overall trip initiated on May 14th 2026 in KSLE, taking off there at 13:56 local time. The aircraft was hangared there and pre-flight and before-takeoff checks, including an engine run-up showed no obvious deficiencies. Oil was at about 3qts, the gas tank fully filled to the 13GAL capacity. Flying to KPFC, no overall issues became apparent to either me as the front seat pilot, or my back seat passenger.

Initially landing in KPFC, we overflowed the airport and noted the wind to be blowing from a south/south-westerly direction, determined by the wind sock on the approach end of runway 32. My passenger let me know that he saw it shifting between a south and south-westerly direction. During the following landing at 14:49 local time, there were no directional control issues. However, the tailwheel spring on the right (door) side disconnected, causing a shudder during the landing rollout and no rudder turning abilities, necessitating differential brake steering on the taxi back to parking.

Parking the aircraft, I inspected and re-installed the tailwheel spring. I didn't find any equipment to be damaged, checked the secure connection and determined it to be operable.

After taking about an hour break, talking to a local resident and using the airport restroom, my passenger and I returned to the plane. I conducted a pre-flight check, additionally showing the resident the engine compartment and the inside of the cabin. During this check, I noted the oil to still be within the 3qt range and the gas tank to be about half empty, having approx. 6 to 8 GAL remaining. My passenger and I entered the plane and started up at 15:57 local time. I taxied to the hold-short of the 14 end and conducted a before takeoff check. During the runup at 1700RPM, the left magneto dropped by about 50RPMs, while the right one dropped by 150RPMs. I determined this difference to be acceptable and within limitations, but something to be watchful of. Double checking the wind sock, I determined the 14 direction to be preferable for takeoff and lined up. We took off at 16:02 local time, climbing out with a right 45 degree turn towards the coast. Climbing out along the coast, I felt the engine dropping RPM slightly and overall running unnormally. I reduced power to 2000RPMs and continued in a somewhat cruise climb state. The left magneto showed a 50 to 100 RPM drop, performing within expectations. The right magneto dropped by about 500 RPMs, down to 1500 RPM. I performed this check twice or thrice. While on the right magneto system only, even an increase in throttle setting would not change the engine RPM output, capping it at 1500RPM. Discussing options with my passenger, I decided to turn back and follow the coast into a right downwind for the 14 direction at KPFC with the goal of a full stop landing to figure out the issue on the ground. We reached a maximum altitude of 1300ft at about 5.5 NM south-southwest of the airport along the shoreline, approx. just north of the town of Neskowin (foreflight track data).

Establishing on a right downwind, I noticed the 32 approach end windsock to show the same indications we had seen during the initial landing and the accident flight's takeoff. I decided to continue for a landing in the 14 direction. Turning final, I realized I was a bit

high and sideslipped the airplane to lose altitude. Getting out of the slip on short final, I was established on a good glidepath at about 60mph, which is an adequate approach speed for this aircraft. I had the carburetor heat on during the approach, turning it off on short final as part of my personal procedures. During touchdown, the plane was configured to be Fuel-On, Magnetos-Both, Carb Heat-Off, Throttle-as req'd/idle and elevator trim where it felt right (can't recollect the exact position).

I touched the airplane down for a wheel landing at 16:14 local time. I landed it tail low, pushing it level as the main gear touched down. Rolling out on the runway, I maintained directional control by applying rudder input and held right aileron input as wind correction for the right crosswind component. Further decelerating, I felt it to be appropriate to land the tail. I released my fwd/neutral elevator pressure and started lowering the tail by moving the stick slight aft. While the tail was low, but not touched down, I felt the airplane start to turn right. I applied slight left rudder to counteract the movement. The plane responded unexpectedly, as it was lacking reaction. I intensified my rudder input to achieve the desired movement. The security camera footage later showed the tail touch down and me applying full aft elevator during this increased input. The plane started turning to the left quite intensely. Trying to balance this uncommanded movement sequence, I applied right rudder to line myself up parallel to the centerline again. The airplane reacted unexpectedly again, not acting upon my commanded input. Noticing the lack of correction, I intensified my rudder input. I was still unable to recognize a correcting right turning moment. Reaching the limits of my rudder input possibilities and getting close to the left lateral limit of the runway, I applied braking to the right heel brake. I am unable to recollect, but my passenger told me that at the beginning of that movement sequence, he felt the stick pinned fully aft on his leg. As I applied braking, I suddenly felt the tail rise sharply and the nose getting dangerously low. Next thing I remember is seeing the prop splintering and kicking up dirt as the airplane flips on it's nose and turning on it's back. Coming to rest, I saw AVGAS spilling out of the fuel tank cap in front of me.

My passenger, sitting behind me, was able to open the initially stuck door, unbuckle and exit the aircraft. I released my seatbelt after he was out and exited as well.

Due to the stress of the situation, I forgot to perform a post accident shutdown, which I conducted upon arrival of the fire department and beginning of the rescue efforts. I re-entered and found the fuel selector to be on, magnetos both, carb heat off, throttle idle, elevator trim in a centered position, starter battery on, intercom on and the hand radio on. I switched off all of these systems.

Initially exiting the aircraft, I saw AVGAS and oil spill out of the front of the aircraft. This spill was later contained by a bucket.

On the security cam footage, at point 16:14:20, you can see N9158L coming into frame on the right side. At this point, the tail is not touched down yet and still airborne. The plane is on the middle of the runway, maintaining a straight trajectory. At 16:14:21, you

see the plane enter a turning motion to the right, which I am trying to correct by applying left rudder. At 16:14:22, the tail touches down and the elevator moves into a full aft position. At 16:14:23, the plane enters a turn to the left, which I am countering with increased rudder input and starting to hit the right heel brake at the end of the second. At 16:14:24, you see the tail rise sharply and the nose dip. At that point, the propeller impacts the runway and adjacent grass/dirt. At 16:14:25, the plane is vertical, flipping over its nose – coming to rest on its back at 16:14:26.

Recollecting the incident and watching back the security camera video footage from adjacent Pacific City Inn, I have some personal input on the sequence of actions. First of all, the accident flight's initial touchdown and landing were normal. During pre-flight planning, I determined the entire flight, plane and weather wise within my range of experience and myself comfortable in conducting this operation and bringing a passenger. I had recently flown the accident aircraft and experienced no issues. I briefed myself with ForeFlight EFB, noting a lack of a weather station at KPFC, but the "Daily" report showing VFR and METARs at KTMK and KONP airports reporting VFR and variable winds with up to 6 kts. I also checked "Marys Peak" weather camera, located further south along the planned area of flight. There were no relevant SIGMETs or AIRMETs for our route of flight in effect. Also, no NOTAMS had been published that were relevant to our flight.

Looking at the camera footage, I want to focus on the location of the final moments of the accident sequence. The plane came to rest abeam 35350 Brooten Rd. The west side of the airport just prior to this point features (from north to south) a few hangars, followed by an empty lot and a row of trees. It is my opinion that the variable gusting winds from the south/south-west flowed through the empty lot, possibly whirling on the hangar and trees. This created an unpredictable wind condition that caused the aircraft to weathervane to the right just before the tailwheel touched down, thereby hitting it in the most vulnerable state it can be during landing. I also believe that during the braking and nose-over sequence, there was an additional tailwind (/gust), assisting in pushing the plane over and overpowering my full aft elevator input.

At the time of the accident, the weather was good and sunny, having had rain come through just an hour earlier. I remember it starting to rain again during the ongoing rescue operation of the fire department.

Revisiting the accident site on May 15th, I observed the 32 approach end windsock to move rather continuously in a south/south-westerly direction with sustained winds, while the wind sock located on a building by the parking area shifts somewhat quickly and thereby indicating the presence of abrupt gusting condition. Another windsock located west of the runway and close to the accident location was ripped and just hanging straight down. It indicated no useful information on wind conditions.

While I am unable to determine from the post-accident pictures taken if the tailwheel spring had come undone again on the accident landing, I noted a part of the hook-up assembly missing during the FAA on-site investigation the day after.

I also want to note that I was unable see all the other installed windsocks while on downwind during the accident approach. I stopped searching, after seeing the 32 approach end wind sock and noting the existing wind conditions at that point.

I do not believe that the magneto issue caused me to conduct a rushed approach. While it definitely made me decide to conduct a precautionary landing, I made sure to fly a stabilized approach and apply standard procedures.