

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: Salem State: ORZIP: 97302 Country: USALatitude: N44 54.57 Longitude: W123 0.18

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

Accident/Incident Date/TimeDate: 06/03/2026 Local Time: 13:55
mm/dd/yyyy HH:MMTime Zone: PDTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N4875KManufacturer: CessnaModel: Centurion P210NSerial Number: P210000353Year of Manufacture: 1,979Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

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

Maximum Gross Weight: 4,000 lbs.Weight at Time of Accident/Incident: 3,355 lbs.Number of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 2Number 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**
-
- ☒
- Normal
-
- ☐
- Aerobatic
-
- ☐
- Balloon
-
- ☐
- Commuter
-
- ☐
- Transport
-
- ☐
- Utility
-
- Special**
-
- ☐
- Restricted
-
- ☐
- Limited
-
- ☐
- Provisional
-
- ☐
- Special Flight
-
- ☐
- Experimental
-
- ☐
- Special Light-Sport
-
- ☐
- Experimental Light-Sport
-
- ☐
- Certificate of Authorization or Waiver (COA)
-
- ☐
- None
- ☐
- Unknown

Landing Gear
(Check all that apply)

- ☒
- Retractable
-
- ☐
- Tricycle
-
- ☐
- 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 Fan
-
- ☐
- Electric
-
- ☐
- Liquid Rocket
-
- ☐
- Solid Rocket
-
- ☐
- Hybrid Rocket
-
- ☐
- None
-
- ☐
- Unknown

Fuel System Type (Reciprocating)

- ☐
- Carburetor
- ☒
- Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	TSIO-520-P	278544-R		310	5,234	9	484
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 05/06/2026
mm/dd/yyyyAirframe Total Time: 5,233.9 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:
- Under front right seat

Additional Equipment

- ☒
- ADS-B
-
- ☐
- Airframe Parachute
-
- ☒
- Angle of Attack Indicator
-
- ☒
- Autopilot
-
- ☒
- Autopilot/FMS, Model
- Garmin 41
-
- ☒
- 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: ARTEXModel or Part No.: ME-406TSO 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: HartzellModel: PHC-J3YF-IRFPropeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: XXXXXXXXXX

City: North Plains State: OR

ZIP: 97133 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ *The Operator is also the Registered Owner*

☒ Same address as Registered Owner

Name: [REDACTED]
City: North Plains State: OR
ZIP: 97133 Country: USA

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

Operating Certificates Held

(Check all that apply)

- ☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
☐ Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
 ☐ FAR 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

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*

- ☐ Aerial Application ☐ Firefighting
☐ 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: Salem Airport

Airport Identifier: KSLE

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0.00 sm.

Direction From Airport: 0.00 degrees true

Airport Elevation: 213.00 ft. MSL

Runway Information

Runway ID: 16 Length: 5,146 ft. Width: 100 ft.**Runway/Landing Surface** (Check all that apply)

- | | | | |
|---|-------------------------------------|--|----------------------------------|
| ☒ Asphalt | ☐ Grass/Turf | ☐ Ice | ☐ Snow |
| ☐ Concrete | ☐ Gravel | ☐ Macadam | ☐ Water |
| ☐ Dirt | ☐ Helideck | ☐ Metal/Wood | ☐ Unknown |
| ☐ Elevated Heliport | ☐ Helistop | ☐ Off-site landing area | |

Condition of Runway/Landing Surface (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| ☒ Dry | ☐ Snow-Compacted | ☐ Water-Calm |
| ☐ Holes | ☐ Snow-Crusted | ☐ Water-Choppy |
| ☐ Ice Covered | ☐ Snow-Dry | ☐ Water-Glassy |
| ☐ Rough | ☐ Snow-Wet | ☐ Wet |
| ☐ Rubber Deposits | ☐ Soft | |
| ☐ Slush-Covered | ☐ Vegetation | ☐ Unknown |

Approach/Departure Segment (Select one)

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

IFR Approach *(Check all that apply)*☒ None

- | | | | |
|-----------------------------------|--|-----------------------------------|-----------------------------------|
| ☐ ADF/NDB | ☐ PAR | ☐ MLS | ☐ Practice |
| ☐ SDF | ☐ Sidestep | ☐ LDA | ☐ GPS |
| ☐ 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**

☐ 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: North Plains

Middle Initial

State: OR ZIP: 97133

Last Name:

Country: USA

Age at time of Accident/Incident: 70

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
☐ Class 1 ☐ BasicMed
☐ Class 2 ☐ Driver's License (Sport Pilot only)

☐ Unknown

Medical Certificate Validity

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

Date of Last Medical

07/07/2025
 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:

09/05/2025
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: Centurion P210 N4875K

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	2,032	1,244	2,032	0	61	140	89	0	0	0	0	0
Pilot in Command (PIC)	2,026	1,244	2,026	0	61	140	89	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	140	0					
Last 90 Days	25	25	25	0	0	3	0	0	0	0	0	0
Last 30 Days	9	9	9	0	0	2	0	0	0	0	0	0
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
☐ Class 1 ☐ BasicMed
☐ Class 2 ☐ Driver's License (Sport Pilot only)

☐ Unknown

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 _____	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Passenger Information 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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ 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>KHIO</u> City: <u>Hillsboro</u> State: <u>OR</u> Country: <u>USA</u>	Time: <u>13:35</u> HH:MM Time Zone: <u>PDT</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KSLE</u> City: <u>Salem</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 (Check all that apply)

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

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

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

Altitude of In-Flight Occurrence: _____ ft. MSL

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

(Check all that apply)

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

☒ On-Board Weather**Weather Observation Facility**

Facility ID: KSLE
 Observation Time: 13:45
 Time Zone: PDT
 Distance from Accident Site: 12.00 nm
 Direction from Accident Site: 165.00 degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition**Height**6000 ft. AGL**Light Condition**

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

Sky/Lowest Cloud Condition

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

Ceiling

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

Ceiling Height6000 ft. AGLTemperature: 18.00 (°C) or _____ (°F)Dewpoint: 7.00 (°C) or _____ (°F)**Altimeter Setting:**

3,012.4 (Hg), or _____ (mb)

Wind Direction

☐ Variable or
 Direction: 180.00
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 or
 Speed: 8.0 kts

Wind Gusts

☒ Not Gustating
 or
 Speed: _____ kts

Visibility

10.0 miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: 271.0 ft.

Type of Precipitation (Check all that apply)

- ☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

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

Intensity of Precipitation

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

Icing Actual

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

Turbulence (Check all that apply)

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

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

AIRMETS for mountain obscuration at the coast, not near the airports, nor enroute of flight. No PIREPs

It was a short flight, and when I took off from KHIO and climbed to 3500, I could see to the KSLE airport area. No weather concerns.

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.)*

Belly of aircraft was scraped on a very light touchdown. The prop sustained considerable damage. It's highly likely that the engine was also damaged. All wings, etc. above the ground were not hurt & gear was not hurt, as it was retracted.

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 flying solo on a short trip from Hillsboro, OR (KHIO) to Salem, OR (KSLE). I've made this trip many times, as my preferred avionics shop is located at KSLE. The weather was fine. I did do a flight plan before I left, checked weather, and also called the weather stations at the 2 airports. There was no issue flying direct from KHIO to KSLE. The plane performed perfectly. I did a straight in to runway 16. I usually deploy the landing gear when I'm 2-3 miles from the destination airport. I do not know why I didn't deploy this time and ended up doing a gear-up landing. I've flown and landed retractable landing gear planes for many years & this was the first time I didn't say "Gear - Flaps" on final. I admit that I have not been using the check-list at landing, as I'm keeping my eyes on the runways, etc., so that was my "bad". I do always have the check lists with me when I fly. I flew the plane at 75 knots TAS until I smoothly touched down - unfortunately the smooth landing was on the belly of the plane instead of on the gear. Yes, the horn was blaring - but I did not remember what this particular horn meant - I was checking multiple things in the plane, but didn't think to check the gear. After landing, I heard the prop hit the ground and immediately pulled the fuel valve out, turned off the airplane, opened the door and got out. Besides the prop, everything else looked fine (although I was sure that prop strike like damaged the engine and the landing scraped the plane's bottom skin).

I don't know why I didn't check the gear. Maybe because every time I test that horn before I fly, it is for such a short time, it isn't as loud?

When I was on 3 mile final, I was the only plane in communication with the tower at KSLE. There also was no one taxiing at KSLE at the time. I am very disappointed that the tower didn't take the time to look out at my plane. If he had, he would have seen I was gear up and told me. I'm told that Tower controllers at other airports look out at the landing planes for this reason. Maybe train all tower controllers to do this? I can't imagine what the Tower controller was doing that would have stopped him for looking out and seeing I was gear-up.

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

Several things could reduce Gear-Up landings

- If the blaring horn was replaced with a voice saying "Gear", I would have immediately extending the landing gear. The horn is very distracting. There needs to be an option to change that sound from blaring horn to "Gear" or something similar.
- Every year I do an annual with a Cessna 210 instructor and we review "Gear - Flaps". Perhaps if we did a simulated landing approach with gear up, and the student heard that blaring horn, they would always remember that it meant "put the landing gear down".
- I am discussing with Garmin that they add an option to there GTNs that would say or show a message "check landing gear" when at least 1 mile away from the destination airport, or when altitude of the plane is <500 ft AGL.
- For myself, I'm going to add a large label to my dashboard that says "Gear - Flaps?"

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)

78.0 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:

Opened door, ducked my head to get out under the wing.

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

Aircraft Registration Number

None

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.

I understand that the information provided may be subject to public release.

Date of this report:

06/07/2026

mm/dd/yyyy

Name of Pilot/Operator

Signature:

6e3f2628-59bf-4e82-abc6-070a60eadbcb
Digitally signed by 6e3f2628-59bf-4e82-abc6-070a60eadbcb
Date: 2026.06.06 11:36:29 -0700

-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.

WPR26LA210

Reviewed by NTSB AS Division

AS-WPR

Name of Investigator

Greg Hughes

Date Report Received

06/08/2026