## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidente and incident

<b>BASIC INFOR</b>			14				L accide	ents a	ind inc	cidents	
Accident/Incident			and a second			Accident/In	cident Det	/Time			
Nearest City/Place: N				State	OR	1					
ZIP: 97365		JSA				Date: 0	1/08/2019 1/dd/vvvv	<u></u>	Local Time	e: <u>5pm</u>	
Latitude:		Longitude:							Time Zone	e: Pacific	
The second s		or degrees:minute	es:seconds)			Collision wi	th Other A	ircraft:	O Midaiı	OOn-gr	ound ONe
AIRCRAFT INF									1000	Con gr	
Registration Numb						□IFR-Ea	uipped and (	Pertified			
Manufacturer: Ces	sna	,			8		cial Space F	light			
Model: <u>172</u>						Unmanned Aircraft					
Serial Number: 172			-			Maximum Gross Weight:lbs					
Year of Manufacture: 1975						Weight at Time of Accident/Incident:lbs					
Amateur-Built: OYes If Yes: OKit/Plans Make:					Number of Seats:     4     Flight Crew Seats:       Cabin Crew Seats:     Provide Control of Seats:						
		O Original Des	ign			Cabin Crew Seats: Passenger Seats: Number of Engines: 1					
Category of Aircraf		Airworthiness l that apply)	Certificate	e	Landing Gea	ar	ingines.	Engi		<u> </u>	
OBalloon	Standa	rd Speci	al		(Check all tha			O Rec	ciprocating	Select one)	uid Rocket
OBlimp/Dirigible OGlider	Norm Aero	nal 🗖 Res	tricted		Provinciana a secondaria de la competitiva de la	Retractable		OTur	bo Shaft	OSol	id Rocket
O Gyroplane	D Ballo	on Pro	nited visional	12	Tricycle		Failwheel	OTur OTur	bo Prop ho let	O Hyl O Nor	orid Rocket
OHelicopter OPowered Lift	Com	muter Spe	cial Flight		Amphibian Emergency	Renad A	ligh Skid	OTur	bo Fan	OUnk	
ORocket	□ Trans □ Utilit		erimental cial Light-Sp		Float		skid ski	OElec	etric		
OUltralight OUnknown			erimental Lig	ght-Sport	Hull		ki/Wheel	Fuel Sy	stem Type	e (Reciprocat	ing)
	Certificat	te of Authorizatio	on or Waive	r (COA)	COT Other Laun	ch/Recovery Sy	stem	OCarb	ouretor		-Injected
			Unknown		□ None		Inknown				J
ngine Engine Manuf	acturor	Engine		Manufa	icturer's	Date of Mfg.	Rated Powe	er	Total	Time	Since:
Eng. 1 Lycoming		Model/Series		Serial N L 48798	the state of the s	mm/dd/yyyyy	O lbs of T	hrust	Time (hours)	Inspection (hours)	Overhaul (hours)
3ng. 2				2 40130	214						(
Eng. 3											
ast Inspection Type			Propelle	er 1	OFixed Pitc	h	Propel	ler 2	01	Fixed Pitch	L
AAIP OCon	inuous Airwo litional Inspec	rthiness	OControllab OGround Ad			linstable	O Controllable Pitch				Pitch
Annual OUnk	lown		Manufac	turer:			Manufa	acturer:	00	Bround Adjus	table
ate Last Inspection:	06/02/20	015	Model: _				Model:				
rframe Total Time:	mm/dd/yyy	<i>ny</i>	1	talled:	OYes ONo		Addition	al Equi	oment (C	heck all that	annha)
nours measured at (Se	elect one)	hrs	If Yes: ELT Man	ufacturer		OYes ONo Additional Equipment (Check all that a ADS-B					appiy)
OLast Inspection	O Time of Ac	cident/Incident	The deal of	1 all 190.;		All All S-B					
pe of Maintenance P	rogram (Sele	ect one)	TSO No.:	OC91 (12	21.5 MHz) OC91a (121.5 MHz) Autopilot						
Annual Conditional (Amateur-b			1	OC126 (4	<u>6</u>		Electronic Flight Bag or Handheld Device				ice
Manufacturer's Inspection	n Drogman		was ELI	still conne	ted in aircraft? cted to antenna?	OYes ONo	LIECUT	onic Mult	itunction D	lisplay	
Other Approved Inspect Continuous Airworthine	on Program ()	AAIP)	DUELIA	activate?	OYes ONo	UTCS UNO	Handh	eld GPS	ary Flight I	Jisplay	
Other, specify:		2 ×	If activate				Heads Onboar	Up Displa	ау		
scription of Fire Ext	nguishing S	ystem	If not acti	vated	ating Aircraft: (	OYes ONo	□ Satellit	e Trackin	g Device		
TAOLIC	0.0				T		LI Stall W	arning Sy	vstem		1
Specify:			Indicate Reason: Impact Damage								
Specify:				Ē	Fire Damage Battery Expired		Other, S	Recording Specify:	Device		

<b>OWNER/OPERATOR INFORM</b>	ATION		
Registered Aircraft Owner		City: Newport	
Name: Dean Sawyer			710.07265
Fractional Ownership Aircraft: O Yes		State. On	ZIP: <u>97365</u>
<b>Operator of Aircraft</b> Same As R	egistered Owner	Same Address as Reg	
Name:			,
Doing Business As:			
Air Carrier/Operator Designator (4 Charact	er Code):		ZIP:
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted U		for FAR 121, 125, 129, 135
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (FAR 129)</li> <li>Rotorcraft External Load (FAR 133)</li> <li>Commuter Air Carrier (FAR 135)</li> <li>On-Demand Air Taxi (FAR 135)</li> <li>Commercial Air Tour (FAR 136)</li> <li>Agricultural Aircraft (FAR 137)</li> <li>Pilot School (FAR 141)</li> </ul>	OFAR 121 OFAR 135 OFAI OFAR 125 OFAR 137 OFAI OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial OPublic Aircraft (Select one)	R 415 R 431 R 435 R 437 O Passenger O Cargo O Mail Contract Only	nuter O Domestic Air Taxi O International
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Federal O State O Local O Unknown	<ul> <li>Aerial Application</li> <li>Aerial Observation</li> <li>Air Drop</li> <li>Air Race/Show</li> <li>Banner Tow</li> <li>Business</li> <li>Executive/Corporate</li> </ul>	•
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Ferry	OSkydiving
	O Yes   No		
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, dep	parture, or within 3 miles of an airport)
Airport Name: Newport Municipal			Center: 1 sm
Airport Identifier: KONP			degrees true
Proximity to Airport: O Off Airport/Airstrip	OOn Airport/Airstrip ON/A	Airport Elevation:	degrees true
Runway Information	<u></u>	Condition of Runway/Lan	ding Surface (Check all that and 1)
Runway ID:(L/R/C) Length:	ft Width:ft	and the second se	ow-Compacted          Check all that apply)         Water-Calm         Water-Calm
Runway/Landing Surface (Check all that a)         Asphalt       Grass/Turf       Macade         Concrete       Gravel       Metal         Dirt       Ice       Snow	lam 🔲 Water	Holes Snu Ce Covered Snu Rough Snu Rubber Deposits Sol	ow-Crusted     Water-Choppy       ow-Dry     Water-Glassy       ow-Wet     Wet
Approach/Departure Segment (Select one)			
OTaxi OTakeoff OIFR Departure OIFR Departure Proce	OOn Instrument Ap dure/Clearance OLanding	proach ODownwind OBase OFinal OCrosswind	O Low Approach O Go Around O Aborted Landing (after touchdown) O Unknown
IFR Approach (Check all that apply)		VFR Approach (Check all	that apply)
None		□None	аны црркуј
ADF/NDB     PAR       SDF     Sidestep       VOR/TVOR     ILS       VOR/DME     Localizer Only       TACAN     ILOC-back course	Implies   Implies     Implies   Implies	☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing
TACAN LOC-back course	Circling	Li f un stop	D Precautionary Landing

<b>"FLIGHT CREWMEN</b>	ABER 1" IN	<b>VFORMA</b>	TION							
"Flight Crewmember 1" R	esponsibilities	s at the Time	of Accident/In	ncident						
• Pilot • Co-Pilot	O Student Pil	lot OFlig	ht Instructor	O Check Pilo	t O Fli	ght Engineer	r O Othe	r Flight Crew		
"Flight Crewmember 1" w	as pilot flying	□Yes [	] No							
"Flight Crewmember 1" Id	entification					10.00 March 10.00			an at the constant of the	
First Name: Dean					City of R	Residence:	Newport			
Middle Initial: H					State: 0			710. 0726	SE	
Last Name: Sawyer							- 10 - 1000	ZIP: <u>9736</u>	00	-
Age at time o	f Accident/Inci	ident: 66	Date of	Dirth.	Country:	1000	mm/dd/vvvv	8		
			Certificate Nu		19		mm/aa/yyyy			
Degree of Injury	Seat Occ	uniad	Certificate Nu							
O None O Fatal	⊙ Left	O Fron	t O Unkno		estraint T	ype			Inflatable	Restraints
O Minor O Unknown O Serious	O Right	O Rear			Availab O None		Used O None		T Not In	-6-11-1
	O Center	O Sing	le		OLap		O Lap or	ly	✓ Not In Install	
Pilot Certificate(s) (Check a	NUMBER OF REPORT				<b>⊙</b> 3-po		⊙3-poin		Not D	
□ None □ Flight □ Private □ Recrea	200 FZ	Commercial Airline Trar	Bennal The Part of the		O 4-po O 5-po		O 4-poin O 5-poin		Deploy Unkno	
Student Sport		Flight Engi		gn	O Unki		OUnkno			iwit
Principal Occupation	M. P. LC. P.	pu /								
-	Medical Certi					rtificate V			Date of La	st Medical
	⊙ None ○ Class 1	O Class 3 O Driver's L	icense (Sport Pilo	t only)	) Without lin	mitations/wa ations/waive	ivers O	Unknown		
O Unknown	O Class 2	OUnknown	icense (sport i no		Special Iss	suance		N/A	mm/dd/y	WW
Medical Certificate Special	Issuance						-			
Medical Certificate Special Date of Last Flight Review	Issuance	Flig	tht Review Aire	craft						
Date of Last Flight Review or Equivalent, Including	Issuance									
Date of Last Flight Review or Equivalent, Including	Issuance mm/dd/yyyy	Mal	ke:							
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyyy Other Aircra	Mal Moc aft Rating(s	ke:							
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy <b>Other Aircr</b> (Check all that	Mal Moc aft Rating(s	ke: lel: ) Instrum		(s)	Instructo	or Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyyy Other Aircr: (Check all that ☑ None	Mal Moc aft Rating(s	ke: lel: ) Instrum (Check al ☑ None	ent Rating( Il that apply)	(s)	Instructo (Check all ☑ None	or Rating(s) that apply)	C	] Instrument	Airplane
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	mm/dd/yyyyy Other Aircr: (Check all that O None Airship Balloon	Mal Moc aft Rating(s	ke: lel: (Check al ☑ None □ Airpla	ent Rating( I that apply)	(s)	Instructo (Check all ☑ None ☑ Airplar	or Rating(s) that apply) ne Single-Eng	ine E	] Instrument	Airplane Helicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyyy Other Aircr; (Check all that None Airship Balloon Glider	Mal Moc aft Rating(s	ke: lel: ) Instrum (Check al ☑ None	ent Rating( I that apply) une opter	(s)	Instructo (Check all ☑ None □ Airplan □ Airplan □ Gyropl	or Rating(s) that apply) ne Single-Engi ne Multi-Engi ane	ine C	Instrument Instrument Helicopter Glider	Airplane Helicopter
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	mm/dd/yyyyy Other Aircr; (Check all that 🖸 None 🗎 Airship 🗋 Balloon 🗋 Glider 🗎 Gyroplane 🖨 Helicopter	aft Rating(s	ke: lel: (Check al None Airpla Helico	ent Rating( I that apply) une opter	(s)	Instructor (Check all None Airplar Gyropl Powere	or Rating(s) that apply) ne Single-Engi ne Multi-Engi ane	ine E ne E	Instrument Helicopter Glider Sport	Airplane Helicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyyy Other Aircr; (Check all that 🖸 None 🗎 Airship 🗋 Balloon 🗋 Glider 🗎 Gyroplane 🖨 Helicopter	aft Rating(s	ke: lel: (Check al None Airpla Helico	ent Rating( I that apply) une opter	(s)	Instructor (Check all None Airplar Gyropl Powere	or Rating(s) that apply) ne Single-Engi ne Multi-Engi ane ed Lift	ine E ne E	Instrument Helicopter Glider Sport	Airplane Helicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyyy Other Aircr; (Check all that 🖸 None 🗎 Airship 🗋 Balloon 🗋 Glider 🗎 Gyroplane 🖨 Helicopter	aft Rating(s	ke: lel: (Check al None Airpla Helico	ent Rating( I that apply) une opter	(s)	Instructor (Check all None Airplar Gyropl Powere	or Rating(s) that apply) ne Single-Engi ne Multi-Engi ane ed Lift	ine E ne E	Instrument Helicopter Glider Sport	Airplane Helicopter
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyyy Other Aircr: (Check all that Done Airship Balloon Glider Helicopter Powered Li Powered Li All Aircraft 1,105 1,105	Mal Mod aft Rating(s (apply) ift This Make & Model 985 985	ke: lel: / Instrum (Check al (Check al None Airplane Helico Power Power 5 1,105 5 1,105 1,105 1 1	ent Rating( I that apply) une opter red Lift Airplane	(\$)	Instructo (Check all Airplar Airplar Gyropl: Powere Student I	pr Rating(s) that apply) the Single-Engine Multi-Engine ane d Lift Endorsement	ine E	Instrument Helicopter Glider Sport dates)	Helicopter

<b>"FLIGHT CREWMEN</b>	BER 2" INFOR	MATIO	N	a ana an	a series at an					and the game of the
"Flight Crewmember 2" R	esponsibilities at the	Time of A	Accident/Incid	lent					n server a state	
OPilot OCo-Pilot	O Student Pilot	OFlight Ins		Check Pilot	OF	light Enginee	r OOthe	r Flight Crew	7	
"Flight Crewmember 2" wa	as pilot flying	les DN	No							
"Flight Crewmember 2" Id	entification	-								
First Name:					ity of R	esidence.				
Middle Initial:										
Last Name:										
					Country:					-
rige at third of	Accident/Incident:					n	1m/dd/yyyy			
Degree of Internet		Certi	ificate Number							
Degree of Injury O None O Fatal	Seat Occupied OLeft	0.5	-		straint '	Туре		-	Inflatable	Restraints
O Minor O Unknown		OFront ORear	OUnknown		Availa	ble	Used			
O Serious		OSingle			O Noi		O None		🗖 Not In	
Pilot Certificate(s) (Check and	ll that apply)				O Lap O 3-p		O Lap or O 3-poin		Install	
□ None □ Flight 1	Instructor Com	nercial	🛛 US Milita	arv	04-p		O 3-poin O 4-poin		□ Not D □ Deploy	
Private Recrea	tional 🗖 Airlin	ne Transport	t 🔲 Foreign		O 5-pe		O 5-poin	t	Unkno	
Student Sport	Fligh	t Engineer			O Unk	cnown	O Unkno	wn		
Principal Occupation	Medical Certificate			M	1.10					
	O None O Clas	20.3				ertificate V			Date of La	st Medical
O Other	O Class 1 O Driv		e (Sport Pilot on	ly)	With limi	imitations/wa tations/waive	rs O	Unknown		
O Unknown Medical Certificate Limitati	O Class 2 O Unk	nown			Special Is	suance	•		mm/dd/y	<i>י<i>yyy</i></i>
Medical Certificate Special	Issuance	-								
Date of Last Flight Review										
or Equivalent, Including		Flight R	leview Aircraf	ft						
FAR 121/135 Checks:		Make:	•							
	mm/dd/yyyy	Model:					61			
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat	ing(s)	Instrument	Rating(s)	)	Instructor	Rating(s)			
None	(Check all that apply)		(Check all tha	at apply)		(Check all t				
□ Single-Engine Land	<ul> <li>None</li> <li>Airship</li> </ul>		None			□ None			Instrument A	irplane
Single-Engine Sea	Balloon		Airplane Helicopter	r		L Airplane	Single-Engi Multi-Engin		Instrument H	lelicopter
<ul> <li>Multiengine Land</li> <li>Multiengine Sea</li> </ul>	Glider		Powered L			Gyropla	ne	1907 - 20	Helicopter Glider	
I municigine Sea	Gyroplane Helicopter					D Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student E	ndorsemen	ts (Include	lates)	
								es (menue i	uites)	·
					1					
Flight Time (Enter appropriate	All This	Make	Airplane Single	Aimplana		Inst	rument		Τ	
number of hours in each box)		lodel	-	Airplane Iultiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time									June	
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	and the second second					1				
Last 90 Days										
Last 30 Days										
Last 24 Hours										
	and a second	and the second second second			BONDON DATA				1	

ddress					plete the follo			
						Seat Occ	upied	Injury
		ty of Residence:				O Left	<b>O</b> Front	O None
Charles and the second states	Sta	ite:		ZIP:				O Minor
	Co	untry:				• Kight	OUnknown	O Serious O Fatal
(Check all that apply)								O Unknown
								Inflatable
Recreational		mmercial		US Military			obeu	Restraints
□ Sport	🗖 Fli	ght Engineer		Foreign		O Lap O	nly O Lap Only	V D Not Install
somont for		1					- point	<ul> <li>Installed</li> <li>Not Deplo</li> </ul>
	-					O 5-point	· point	Deployed
Accident/Incident Aircraft?  Yes No of t			this Accident/Incident:hrs				wn O Unknown	
duese								
					1.1972	Seat Occu	nied	Inines
		of Residence: _				OLeft	OFront	Injury O None
	State			ZIP:		OCenter	ORear	OMinor
<u></u>	Country:					ORight		O Serious O Fatal
Check all that 1								O Fatal O Unknown
						Restraint 7	ype:	Inflatable
Recreational		mercial ne Transport						Restraints
□ Sport	G Fligh	nt Engineer	LF	oreign				□ Not Installe
ement for						O 3-point	O 3-point	□ Installed
rcraft?	DI.	C/1 + + +-				O 5-point	O 5 maint	<ul> <li>Not Deployed</li> <li>Deployed</li> </ul>
OTHER PERSO	NNEL (	of this Accide	nt/Inc	cident:	hrs	OUnknow	n OUnknown	Unknown
	INTEL (II	ciude cabin c	rew;	continue on	separate shee	t if necessary	1)	
	-	Seat	t	Injury	Restraint T	VDA	Inflatable	
City : Mollall	а					Constant of the local data and t	Restraints	Age
				ONone	ONone	<b>O</b> None	Vot Installed	
Country: 119	Δ	- OCen				O Lap Only	Installed	Under 5 years
	<u> </u>	- OUnk	nown	OFatal	O4-point	O 4-point	Not Deployed	If Under 5,
⊙Passenger	<b>O</b> Othe	r Row:	:	OUnknown	O5-point	O 5-point	IInknown	O Child Restrai O Lap-Held
<i>a</i> :							L	O Unknown
		- OLeft		ONona				
		— OCent	er	OMinor	●Lap Only	⊙ Lap Only	Not Installed	Under 5 years
Country: USA	1	- Olinkr	t	O Serious		O 3-point	Installed	If Under 5.
<b>⊙</b> Passenger	OOther				O5-point	O 4-point O 5-point	Deployed	O Child Restrain
			<u> </u>		OUnknown	O Unknown	UIKIOWI	O Lap-Held O Unknown
City :	-	- 10-			Available	Used		
	ZIP:	00	er	ONone OMinor			Not Installed	Under 5 years
Country:		ORight		OSerious	O3-point	O 3-point		0
OPassenger		Unkn		OFatal OUnknown	O4-point O5-point	O4-point	Deployed	If Under 5, O Child Restraint
• I assenger	O Other	Row:		Unknown	OUnknown	O 5-point O Unknown	Unknown	O Lap-Held
					Available			O Unknown
City :				1	Avalianie			
City : State:	р.	ULER		ONone	ONone	Used O None	DNet I	
State: ZI	IP:	OCenter	r   (	O None O Minor	ONone OLap Only	O None O Lap Only	Installed	Under 5 years
	IP:	ULER	r d	O None O Minor O Serious O Fatal	ONone	O None O Lap Only O 3-point	Installed	<ul> <li>Under 5 years</li> <li><i>f Under 5</i>,</li> <li>O Child Restraint</li> </ul>
	(Check all that apply)	City: Mollalla City: Mollalla	City of Residence:         State:         Country:         (Check all that apply)         Flight Instructor         Sport         Sport         Sport         Total Flight         Aircraft?         Yes         City of Residence:         State:         Country:         State:         Country:         State:         Country:         Country:         State:         Country:         Country:         State:         Country:         State:         Country:         Country:         State:         Country:         State:         Country:         State:         Country:         Sport         Flight Instructor         Check all that apply)         Flight Engineer         Total Flight         Sport         Sport         Total Flight         Country:         Sport         State: OR         City : Mollalla         State: OR	City of Residence:         State:         Country:         Sport         Flight Instructor         Presenent for         Aircraft?         Yes         City of Residence:         State:         City of Residence:         City of Residence:         Country:         Country:         Country:         Country:         Country:         Country:         Country:         Country:         Sport         Flight Instructor         Country:         Sport         Flight Engineer         ement for         rcraft?         Yes         No         Oteft         Ocity : Mollalla         State:         OLeft         Ocenter         Ounknown         Passenger         Other <t< td=""><td>City of Residence:       ZIP:         State:       ZIP:         Country:       Country:         (Check all that apply)       Airline Transport       US Military         Recreational       Airline Transport       Foreign         Sport       Total Flight Time at the Time of this Accident/Incident:       ZIP:         ''''       Yes       No       Total Flight Time at the Time of this Accident/Incident:         '''       State:       ZIP:       Country:         '''       Country:       '''       ZIP:         '''       City of Residence:       ZIP:       '''         '''       Country:       '''       ZIP:       ''''         '''       Country:       '''       ''''       '''''         '''       Precreational       Airline Transport       US Military         '''       Foreign       I''''       ''''''''''''''''''''''''''''''''''''</td><td>City of Residence:       ZIP:         State:       ZIP:         (Check all that apply)       Gountry:         Flight Instructor       Airline Transport         Sport       Flight Engineer         ''Sement for       Total Flight Time at the Time of this Accident/Incident:         Aircraft?       Yes         Sport       State:         City of Residence:       ZIP:         Country:       Country:         Check all that apply)       State:         Flight Instructor       Conmercial         State:       ZIP:         Country:       Country:         Beccreational       Airline Transport         Flight Instructor       Commercial         Bittie Engineer       Injury         Recreational       Flight Engineer         Country:       Yes         Sport       Flight Engineer         Country:       Total Flight Time at the Time of this Accident/Incident:         Sport       Flight Engineer         City:       Mollalla         State:       OR         City:       Mollalla         State:       OR         State:       OR         City:       Mollalla     <td>City of Residence:       ZIP:       O Left         State:       ZIP:       O Left         Country:       Country:       O Restraint         (Check all that apply)       Commercial       US Military       Restraint         Pright Instructor       Commercial       US Military       Availab         Sport       Pright Engineer       O Loft       O None         Sport       Total Flight Time at the Time       O Loft       O Loft         O'Left       O'Left       O'Left       O'Left       O'Left         City of Residence:       ZIP:       O'Left       O'Left       O'Left         Check all that apply)       City of Residence:       ZIP:       O'Left       O'Left         Check all that apply)       Country:       Exercational       Availab       Availab         Check all that apply)       Flight Engineer       O'Left       O'Left       O'Left         Check all that apply)       Total Flight Time at the Time       O'Left       O'Left       O'Left         Check all that apply)       Total Flight Time at the Time       O'Left       O'Left       O'Left         Check all that apply       D'Left       Total Flight Time at the Time       O'Left       O'Left         City :</td><td>City of Residence:     ZIP:     O Left     O Front       Country:     Country:     O Left     O Restr     O Restr       (Check all that apply)     Flight Instructor     Commercial     US Military     Available     Used       Sport     Flight Instructor     Commercial     US Military     Available     Used       Sport     Total Flight Time at the Time     O Left     O Restr     O Japoint       Viersaft?     Yes     No     Total Flight Time at the Time     O Left     O Front       Check all that apply)     City of Residence:     ZIP:     O Left     O Front     O Japoint       Check all that apply)     City of Residence:     ZIP:     O Left     O Front     O Spoint       Check all that apply)     Country:     ZIP:     O Left     O Front     O Spoint       Check all that apply)     Flight Instructor     Country:     ZIP:     O Left     O Spoint       Greener for     Sport     Flight Instructor     O Left     O Spoint     O Spoint       Greener for     Sport     Flight Instructor     O Left     O Spoint     O Spoint       Check all that apply)     Exercational     A Jariine Transport     I Spoint     O Spoint     O Japoint       Check all that apply)     Exercational</td></td></t<>	City of Residence:       ZIP:         State:       ZIP:         Country:       Country:         (Check all that apply)       Airline Transport       US Military         Recreational       Airline Transport       Foreign         Sport       Total Flight Time at the Time of this Accident/Incident:       ZIP:         ''''       Yes       No       Total Flight Time at the Time of this Accident/Incident:         '''       State:       ZIP:       Country:         '''       Country:       '''       ZIP:         '''       City of Residence:       ZIP:       '''         '''       Country:       '''       ZIP:       ''''         '''       Country:       '''       ''''       '''''         '''       Precreational       Airline Transport       US Military         '''       Foreign       I''''       ''''''''''''''''''''''''''''''''''''	City of Residence:       ZIP:         State:       ZIP:         (Check all that apply)       Gountry:         Flight Instructor       Airline Transport         Sport       Flight Engineer         ''Sement for       Total Flight Time at the Time of this Accident/Incident:         Aircraft?       Yes         Sport       State:         City of Residence:       ZIP:         Country:       Country:         Check all that apply)       State:         Flight Instructor       Conmercial         State:       ZIP:         Country:       Country:         Beccreational       Airline Transport         Flight Instructor       Commercial         Bittie Engineer       Injury         Recreational       Flight Engineer         Country:       Yes         Sport       Flight Engineer         Country:       Total Flight Time at the Time of this Accident/Incident:         Sport       Flight Engineer         City:       Mollalla         State:       OR         City:       Mollalla         State:       OR         State:       OR         City:       Mollalla <td>City of Residence:       ZIP:       O Left         State:       ZIP:       O Left         Country:       Country:       O Restraint         (Check all that apply)       Commercial       US Military       Restraint         Pright Instructor       Commercial       US Military       Availab         Sport       Pright Engineer       O Loft       O None         Sport       Total Flight Time at the Time       O Loft       O Loft         O'Left       O'Left       O'Left       O'Left       O'Left         City of Residence:       ZIP:       O'Left       O'Left       O'Left         Check all that apply)       City of Residence:       ZIP:       O'Left       O'Left         Check all that apply)       Country:       Exercational       Availab       Availab         Check all that apply)       Flight Engineer       O'Left       O'Left       O'Left         Check all that apply)       Total Flight Time at the Time       O'Left       O'Left       O'Left         Check all that apply)       Total Flight Time at the Time       O'Left       O'Left       O'Left         Check all that apply       D'Left       Total Flight Time at the Time       O'Left       O'Left         City :</td> <td>City of Residence:     ZIP:     O Left     O Front       Country:     Country:     O Left     O Restr     O Restr       (Check all that apply)     Flight Instructor     Commercial     US Military     Available     Used       Sport     Flight Instructor     Commercial     US Military     Available     Used       Sport     Total Flight Time at the Time     O Left     O Restr     O Japoint       Viersaft?     Yes     No     Total Flight Time at the Time     O Left     O Front       Check all that apply)     City of Residence:     ZIP:     O Left     O Front     O Japoint       Check all that apply)     City of Residence:     ZIP:     O Left     O Front     O Spoint       Check all that apply)     Country:     ZIP:     O Left     O Front     O Spoint       Check all that apply)     Flight Instructor     Country:     ZIP:     O Left     O Spoint       Greener for     Sport     Flight Instructor     O Left     O Spoint     O Spoint       Greener for     Sport     Flight Instructor     O Left     O Spoint     O Spoint       Check all that apply)     Exercational     A Jariine Transport     I Spoint     O Spoint     O Japoint       Check all that apply)     Exercational</td>	City of Residence:       ZIP:       O Left         State:       ZIP:       O Left         Country:       Country:       O Restraint         (Check all that apply)       Commercial       US Military       Restraint         Pright Instructor       Commercial       US Military       Availab         Sport       Pright Engineer       O Loft       O None         Sport       Total Flight Time at the Time       O Loft       O Loft         O'Left       O'Left       O'Left       O'Left       O'Left         City of Residence:       ZIP:       O'Left       O'Left       O'Left         Check all that apply)       City of Residence:       ZIP:       O'Left       O'Left         Check all that apply)       Country:       Exercational       Availab       Availab         Check all that apply)       Flight Engineer       O'Left       O'Left       O'Left         Check all that apply)       Total Flight Time at the Time       O'Left       O'Left       O'Left         Check all that apply)       Total Flight Time at the Time       O'Left       O'Left       O'Left         Check all that apply       D'Left       Total Flight Time at the Time       O'Left       O'Left         City :	City of Residence:     ZIP:     O Left     O Front       Country:     Country:     O Left     O Restr     O Restr       (Check all that apply)     Flight Instructor     Commercial     US Military     Available     Used       Sport     Flight Instructor     Commercial     US Military     Available     Used       Sport     Total Flight Time at the Time     O Left     O Restr     O Japoint       Viersaft?     Yes     No     Total Flight Time at the Time     O Left     O Front       Check all that apply)     City of Residence:     ZIP:     O Left     O Front     O Japoint       Check all that apply)     City of Residence:     ZIP:     O Left     O Front     O Spoint       Check all that apply)     Country:     ZIP:     O Left     O Front     O Spoint       Check all that apply)     Flight Instructor     Country:     ZIP:     O Left     O Spoint       Greener for     Sport     Flight Instructor     O Left     O Spoint     O Spoint       Greener for     Sport     Flight Instructor     O Left     O Spoint     O Spoint       Check all that apply)     Exercational     A Jariine Transport     I Spoint     O Spoint     O Japoint       Check all that apply)     Exercational

FLIGHT ITINERARY	INFORMATIO	N			and the second			
Last Departure Point	and the second se	ne of Departure	e Destinati	ion		Type Elet	t Plan Filed	an ann an an Anna Anna Anna Anna Anna A
Airport ID: KONP		-	Airport ID		2	• None		
City: Newport	Tim	e: 4:45	- City: Nev			O Company		/FR/IFR FR
State: Or	]	e Zone: Pacific		vport		O Military		Jnknown
Country: USA	-	e Zone donio	_ State: Or	10 4	1	O VFR	0.11	
Type of ATC Clearance/S			Country:	JSA		Activated?	OYes ON	) OUnknown
I None	Special VFR	🗖 Sp	ecial IFR		VFR Flight Follo	owing	Cruise	
Provide and	☐ IFR		FR On Top		Traffic Advisory		Unknown /	NA
Class B Class C Class D Class E	Class G Demo Area Warning Area Prohibited Area Restricted Area	☐ Mii ☐ Aii ☐ Jet ☐ TR ☐ FA	litary Operations rport Advisory A Training Area SA R 93	rea	□Special □Air Traffic Contr □Unknown	ol Area	Altitude of Occurrence 1200	<b>Q</b>
WEATHER INFORM		E ACCIDEN	T/INCIDEN	IT SITE				
Source of Pilot Weather I (Check all that apply)	nformation			Weather Ob	servation Facility			
National Weather Service				Facility ID:				
Flight Service Station	Con				me:			
TV/Radio	🗖 Inter	met						
Automated Report	ce (DUATS)				Accident Site:			
On-Board Weather		nown			Accident Site:			
<b>Basic Conditions</b>		Light Condit	ion					
O VMC		ODawn	ODusk	ODark		known		
OUnknown		<ul> <li>Day</li> </ul>	ONight	OBrig	ht Night			1
Sky/Lowest Cloud Condit	ion	Ceiling			1			
© Clear	O Thin Broken	Ø None (Clear	0	Obscured	Temperature:	(	C) or	(F)
O Few	O Thin Overcast	O Broken		Indefinite	Dew Point:	(C)	or	(F)
O Partial Obscuration O Scattered	O Unknown	O Overcast	0	Unknown	Altimeter Setti			
Lowest Cloud Condition 1	Teight	Ceiling Heigh	.+		Anneter Setu	or		
	ft agl	Centing Heigh	it.	ft agl				
	1		(					
Wind Direction	Wind Speed	0	Wind Gusts		Visibility	10	miles	
□ Variable	Calm	hla	Not Gustin	g	RVR:		feet	
-or-	-or-	lole	-0r-		RVV:		miles	
Direction:degrees true		kts	Speed:	kts	Density Altitud			
Intensity of Precipitation	Type of Precipit:	ation (Check all t	hat apply)		Restriction to V			1.)
OLight	□ <sub>None</sub>	Drizzle	Freezing	Rain	None None		11	<i>(y)</i>
OModerate	D Rain	□ Ice Pellets	Snow Sh	nower	Blowing Dus	t 🗖 Gi	round Fog	
O Heavy O N/A	□ Snow □ Hail	□ Snow Pellet □ Snow Grain			Blowing Sand			
OUnknown	Rain Showers	Ice Crystals		g Drizzie	☐ Blowing Snor ☐ Blowing Spra		0	1
		-			Dust Dust		nknown	
Icing Forecast		<b>Icing Actual</b>			Turbulence			
AmountTypeO NoneO N/A		Amount O None	Type		Type (Check all	that apply)	Severity	1
O Trace O Rime		O Trace	O N/A O Rime		☑ None □ Clear Air		□Light □Modera	te
O Light O Clear O Moderate O Mixed		O Light	O Clear		Terrain-Induc			
O Moderate O Mixed O Severe O Unkno		O Moderate O Severe	O Mixed O Unkno		Convective Tu	urbulence	<b>Extreme</b>	e i
OUnknown	WII	OUnknown	<b>U</b> IKIR	JWII				
NOTAMs (D and FDC),	AIRMETS SIGM	ETs PIPED	in offect of 4	ha time of 1	0.000id+//			
(- mu + );	ALL DE	us 13, I INEFS	m enect at t	ne ume of th	e accident/incide	ent:		
				18				
			8					
			0					

Aircraft Da		Aircraft Fire		Aircraft Explosi	on
O None O Minor	<ul> <li>Substantial</li> <li>Destroyed</li> <li>Unknown</li> </ul>	<ul> <li>None</li> <li>In-Flight</li> <li>On-Ground</li> </ul>	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	<ul> <li>None</li> <li>In-Flight</li> <li>On-Ground</li> </ul>	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

While returning from a sightseeing flight out of Newport, Or my engine quit. I established best glide toward the beach and unable to restart the engine. I made a forced landing onto the available beach below me.

RECOMMENDATION (How could th	is accident/incident	have been prevente	d2)		
Operator/Owner Safety Recommendation			u.)		
MECHANICAL MALFUNCTION	FAILURE (If mo	re space is needed	continue on sepa	irate sheet)	
Was there Mechanical Malfunction/Failu (If yes, list the name of the part, manufacturer, pa	re?  Yes  No ort no., serial no., and de	escribe the failure.)			Total Time/Cycles On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFORMAT					
Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary) <u>16</u> Gallons	<ul> <li>○ 80/87</li> <li>○ 100 Low Lead</li> </ul>	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
Other Services, if Any, Prior to Departure	O 100/130	O Jet A-1	O Automotive		
	<b>,</b>				
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	aft nerformed?	□ Yes □ No			
Method of Exit – Describe how the occupan			ated each location		
Passenger door					
OTHER AIRCRAFT - COLLISIO					raft)
Aircraft Registration Number Manufact	urer:			D	amage to Other Aircraft Destroyed  Minor
Registered Owner of Other Aircraft					Destroyed I Minor Substantial None
Name:			of Other Aircraft		
City:ZIP:		Name: City:			
State:ZIP:		State:		ZIP:	
			J ·		

Use this space if additional space is needed for any answers.

I HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO	THE BEST OF MY KNOW FROM					
Date of this Report		Pilot/Operator: Dean Sawyer		THE BEST OF MIT KNOWLEDGE					
08/01/2019	Signature:								
mm/dd/yyyyy	<i>mm/dd/yyyy</i> - or - Check here to electronically sign this document								
If a Person Other that	n Pilot/Op	erator is Filing Report							
Name:			Title:						
		electronically sign this document							
		FOR NTSB	USE ONLY						
NTSB Accident/Incid ANC19LA032	lent No.	Reviewed by NTSB Regional Office Anchorage	Name of Investigator Banning	Date Report Received 8/9/2019					
				0,7,2017					