

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location							
Nearest City/Place, State, Zip Code Hillsboro, Oregon			Date of Accident 8/13/98		Local Time (24 HOUR CLOCK) 10:15 a.m.		Zone PDT
					Elevation At Accident Site 204 Feet MSL		
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information							
Proximity To Airport							
1. <input checked="" type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile		7. <input type="checkbox"/> Within 3 Miles	
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles		8. <input type="checkbox"/> Beyond 3 Miles	
Airport Name Hillsboro, Oregon		Airport Ident KHIO		Runway/Landing Surface Conditions:			
				1. <input checked="" type="checkbox"/> Direction: 30 3. <input checked="" type="checkbox"/> Width: 150 5. <input checked="" type="checkbox"/> Condition: Good			
				2. <input checked="" type="checkbox"/> Length: 6600 4. <input checked="" type="checkbox"/> Surface: Paved			
Phase Of Operation:							
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise		7. <input type="checkbox"/> Approach	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent		8. <input checked="" type="checkbox"/> Landing	
						9. <input type="checkbox"/> Hover/Maneuver	
						10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information							
Registration Mark 78SC		Aircraft Manufacturer Cessna		Aircraft Type/Model T337		Serial Number T337-0659	
						Cert Max Gross WT 4500	
Type Of Aircraft				Type Of Airworthiness Certificate		Amateur Built	
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible		1. <input checked="" type="checkbox"/> Normal		5. <input type="checkbox"/> Restricted	
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight		2. <input type="checkbox"/> Utility		6. <input type="checkbox"/> Limited	
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane		3. <input type="checkbox"/> Acrobatic		7. <input type="checkbox"/> Experimental	
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify _____		4. <input type="checkbox"/> Transport		8. <input type="checkbox"/> Specify _____	
Landing Gear						No. Of Seats	
1. <input type="checkbox"/> Tricycle—Fixed		4. <input type="checkbox"/> Tailwheel—Retractable		7. <input type="checkbox"/> Skid		Flight/Cabin	
2. <input checked="" type="checkbox"/> Tricycle—Retractable		5. <input type="checkbox"/> Tailwheel—Retractable Mains		8. <input type="checkbox"/> Limited		Crew _____	
3. <input type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian		9. <input type="checkbox"/> Specify _____		Pax _____	
Stall Warning System Installed		IFR Equipped		Engine Type			
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor		3. <input type="checkbox"/> Turbo Prop	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input checked="" type="checkbox"/> Reciprocating—Fuel Injected		4. <input type="checkbox"/> Turbo Jet	
						5. <input type="checkbox"/> Turbo Fan	
						6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer		Engine Model/Series		Engine Rated Power		Type Of Fire Extinguishing System Used	
Teledyne Continental		TSIO 360		1. _____ Horsepower		1. <input checked="" type="checkbox"/> None	
				2. _____ Lbs Thrust		2. Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul		
Engine No. 1	1970	197086R	3278 Hours	60 Hours	60 Hours		
Engine No. 2	1970	184428-9-A	3278 Hours	60 Hours	60 Hours		
Engine No. 3			Hours	Hours	Hours		
Engine No. 4			Hours	Hours	Hours		
Type Of Maintenance Program			Type Of Last Inspection		Date Last Inspection Performed		
1. <input checked="" type="checkbox"/> Annual			1. <input checked="" type="checkbox"/> Annual		1/23/98 (M/D/Y)		
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection		
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		60 Hours		
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time		
5. <input type="checkbox"/> Specify _____					3000 Hours		
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series		Serial Number	
						Battery Date (M/D/Y)	
		Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		Operated 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner				Address			
STEVEN M. CYR				Beaverton, Oregon 97008			
Operator Of Aircraft				Address			
1. <input checked="" type="checkbox"/> Same As Registered Owner				1. <input checked="" type="checkbox"/> Same As Registered Owner			
2. Name				2. _____			
3. DBS:							

Owner / Operator Information (cont.)											
Operator (Certificate Number) N/A			Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation											
Regulation Flight Conductor Under 1. <input checked="" type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137					Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
Purpose of Flight 1. <input checked="" type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning											
Pilot Information											
Pilot Name STEVEN M. CYR			Pilot Certificate No.		Address Beaverton, Oregon 97008			Nationality U.S.			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											
Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane			Instrument Rating (s) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating (s) 1. <input checked="" type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider						
Type Ratings/Student Endorsements			Date Of Biennial Flight Review or Equivalent (M/D/Y) April 23, 1993		BFR Aircraft 1. Make <u>Twin Comanche</u> 2. Model <u>PA-30</u>						
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input checked="" type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y) 9/24/96		Limitations corrective lenses Waivers			Date Of Birth (M/D/Y) 48				
Degree Of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input checked="" type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No N/A		Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		259.6	60.2	169.0	90.6	8.4	10.4	13.9			
Pilot In Command (PIC)		136.5	55.4	78.5	58.0	8.4	10.4	13.9			
Instructor											
This Make & Model											
Last 90 Days		51.7	45.7	6.0	45.7	.8	6.1	3.1			
Last 30 Days		17.0	13.4	3.6	13.4	0	0	0			
Last 24 Hours		0	0	0	0	0	0	0			
Second Pilot Information											
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____											

Second Pilot Information (cont.)											
Rating (s)				Instrument Rating (s)				Instructor Rating (s)			
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		2. <input type="checkbox"/> Airplane		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane	
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		3. <input type="checkbox"/> Helicopter		3. <input type="checkbox"/> Airplane M.E.		2. <input type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter	
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon				4. <input type="checkbox"/> Helicopter		3. <input type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor	
4. <input type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship				5. <input type="checkbox"/> Glider		4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____	
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane						5. <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____			
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y)		Limitations				Date Of Birth (M/D/Y)		
					Waivers						
Degree Of Injury 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor 4. <input type="checkbox"/> Fatal			Seat Occupied 1. <input type="checkbox"/> Left 3. <input type="checkbox"/> Center 5. <input type="checkbox"/> Rear 2. <input type="checkbox"/> Right 4. <input type="checkbox"/> Front						Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____			
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air	
Total Time											
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Other Personnel											
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None	
1. NONE											
2.											
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point			Time Of Departure			Destination			Flight Plan Filed		
1. Airport ID <u>KHIO</u>			1. Time <u>9 a.m.</u>			1. Airport ID <u>KHIO</u>			1. <input checked="" type="checkbox"/> None		
2. City/Place <u>Hillsboro</u>						2. City/Place <u>Hillsboro</u>			2. <input type="checkbox"/> VFR		
3. State <u>Oregon</u>			2. Time Zone <u>PDT</u>			3. State <u>Oregon</u>			3. <input type="checkbox"/> IFR		
									4. <input type="checkbox"/> VFR/IFR		
									5. <input type="checkbox"/> Company (VFR)		
									6. <input type="checkbox"/> Military (VFR)		
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished											
N/A											
Fuel On Board At Last Takeoff <u>100</u> Gallons or Pounds				Fuel Type 1. <input type="checkbox"/> 80/87 4. <input type="checkbox"/> 115/145 7. Specify _____ 2. <input checked="" type="checkbox"/> 100 Low Lead 5. <input type="checkbox"/> Jet A 3. <input type="checkbox"/> 100/130 6. <input type="checkbox"/> Automotive							
Other Services, If Any, Prior to Departure											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition			Visibility			Temp (°F)		
Pilot			1. <input type="checkbox"/> Dawn 3. <input type="checkbox"/> Dusk 5. <input type="checkbox"/> Dark Night 2. <input checked="" type="checkbox"/> Daylight 4. <input type="checkbox"/> Bright Night			unlim. Miles			70		

Weather Information At The Accident Site (cont.)					
Dew Point unknown (°F)	Altimeter Setting 3021 "Hg	Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL </div> <div> 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured </div> </div>			
Wind Information 1. Direction <u>light & variable</u> 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility None	Type Precipitation None	Intensity Of Precipitation 1. <input type="checkbox"/> Light 3. <input type="checkbox"/> Heavy 2. <input type="checkbox"/> Moderate 4. Specify _____	
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input checked="" type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property <div style="text-align: center; padding: 10px;"> Right wing crumpled; main spar broken; front prop strike, rear boom (right) bent; cargo pod destroyed; cabin dented </div>					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure Seat track released seat on short final (see Statement) - part No. unknown			Total Time <div style="display: flex; justify-content: space-around;"> <div>On Part <u>3278</u> Hours</div> <div>At Overhaul <u>3278</u> Hours</div> </div>		
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None		
Registered Aircraft Owner			Address		
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received 1. <input type="checkbox"/> Outside Person (s) N/A 3. <input type="checkbox"/> Slide 5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting 4. <input type="checkbox"/> Rope 6. <input type="checkbox"/> Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door <u> x </u> 2. Auxiliary Door _____ 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry) <div style="text-align: center; padding: 10px;"> Seat lock could have been installed to prevent any movement of left pilot seat on track </div>					

Additional Flight Crew Members**For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information**

Name	FAA Certificate No.	Address _____ _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____ _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address _____ _____	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

See Attached Statement

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

8-19-98

Signature Of Pilot/Operator

[Redacted Signature]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

SEA98LA162

Reviewed By NTSB Office Located At

SEATTLE, WA

Name Of Investigator

ANDERSON

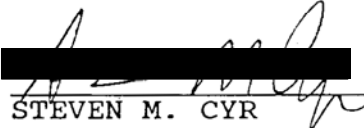
Date Report Received

STATEMENT OF STEVEN M. CYR

I, STEVEN M. CYR, state that on August 13, 1998 I received the ATIS information at the Hillsboro Airport and proceeded to take off, I was flying right close traffic for touch and goes in my Cessna Turbo 337 Skymaster (Tail Number: 78SC).

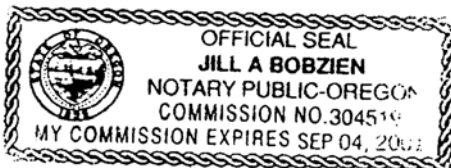
I had done a series of touch and goes remaining in the pattern practicing short field landings. After completing four or five successful touch and goes I was lined up on short final and came across the numbers preparing to flare slightly in anticipation of the main wheels touching down. At that moment the pilot's seat slid back to its stop. Realizing that the seat was sliding, I grabbed the control yoke with my left hand and, apparently, moved the control wheel to the left. The plane started to move sideways at an angle to the runway. I then slid the seat forward until it locked and applied full power, but was unable to level the wings in time to avoid crash landing in the grassy strip. After the plane impacted the grass median between the runway and the taxiway, I turned the fuel off, turned off all electrical switches except the cowl flap open switch and exited the airplane.

DATED this 14 day of August, 1998.


STEVEN M. CYR

STATE OF OREGON)
) ss.
County of Washington)

The above Statement was acknowledged before me by STEVEN M. CYR on this 14th day of August, 1998.




Notary Public For Oregon
My Commission Expires: 9/4/01