

**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 BOSTON, MASS		Date of Accident 9 JUNE 2005		Local Time (24 HOUR CLOCK) 23:40	Zone EST
Elevation At Accident Site _____ Feet MSL _____ 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 type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input checked="" type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
				7. <input type="checkbox"/> Within 3 Miles	
				8. <input type="checkbox"/> Beyond 3 Miles	
Airport Name LOGAN AIRPORT		Airport Ident KBOS		Runway/Landing Surface Conditions:	
				1. <input type="checkbox"/> Direction:	
				2. <input type="checkbox"/> Length:	
				3. <input type="checkbox"/> Width:	
				4. <input type="checkbox"/> Surface:	
				5. <input type="checkbox"/> Condition:	
Phase Of Operation:					
1. <input type="checkbox"/> Standing		3. <input checked="" type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
				7. <input type="checkbox"/> Approach	
				8. <input type="checkbox"/> Landing	
				9. <input type="checkbox"/> Hover/Maneuver	
				10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information					
Registration Mark EI-CRD		Aircraft Manufacturer AIRBUS		Aircraft Type/Model A330-300	
				Serial Number 0059	
				Cert Max Gross WT	
Type Of Aircraft			Type Of Airworthiness Certificate		
1. <input checked="" type="checkbox"/> Airplane			5. <input type="checkbox"/> Restricted		
2. <input type="checkbox"/> Helicopter			6. <input type="checkbox"/> Limited		
3. <input type="checkbox"/> Glider			7. <input type="checkbox"/> Experimental		
4. <input type="checkbox"/> Balloon			8. <input type="checkbox"/> Specify _____		
5. <input type="checkbox"/> Blimp/Dirigible			1. <input type="checkbox"/> Normal		
6. <input type="checkbox"/> Ultralight			2. <input type="checkbox"/> Utility		
7. <input type="checkbox"/> Gyroplane			3. <input type="checkbox"/> Acrobatic		
8. <input type="checkbox"/> Specify _____			4. <input checked="" type="checkbox"/> Transport		
			Amateur Built		
			1. <input type="checkbox"/> Yes		
			2. <input checked="" type="checkbox"/> No		
Landing Gear					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input checked="" type="checkbox"/> Tricycle—Retractable					Crew 4
3. <input type="checkbox"/> Tailwheel—Fixed					Pax 320
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify _____					
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	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input type="checkbox"/> Turbo Prop	
				4. <input type="checkbox"/> Turbo Jet	
				5. <input checked="" type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer GE		Engine Model/Series CF6 80E1		Engine Rated Power	
				1. _____ Horsepower	
				2. _____ Lbs Thrust	
				Type Of Fire Extinguishing System Used	
				1. None <input checked="" type="checkbox"/>	
				2. Specify _____	
Engine(s)		Date of Mfg.		Mfg. Serial No.	
Total Time		Time Since Inspection		Time Since Overhaul	
Engine No. 1		Hours		Hours	
Engine No. 2		Hours		Hours	
Engine No. 3		Hours		Hours	
Engine No. 4		Hours		Hours	
Type Of Maintenance Program			Type Of Last Inspection		
1. <input type="checkbox"/> Annual			1. <input type="checkbox"/> Annual		
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		
5. <input type="checkbox"/> Specify _____					
			Date Last Inspection Performed		
			_____ (M/D/Y)		
			Time Since Last Inspection		
			_____ Hours		
			Airframe Total Time		
			_____ Hours		
Emergency Locator Transmitter (ELT)		ELT Manufacturer		Model/Series	
Switch		Serial Number		Battery Date (M/D/Y)	
1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed					
Operated		Aided In Accident Location			
1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No			
Registered Aircraft Owner AER LINGUS				Address DUBLIN AIRPORT, CO. DUBLIN, IRELAND.	
Operator Of Aircraft				Address	
1. <input checked="" type="checkbox"/> Same As Registered Owner				1. <input checked="" type="checkbox"/> Same As Registered Owner	

Weather Information At The Accident Site (cont.)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition	
		1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL	4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured

Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gust _____ Kts	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____
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Turbulence (Multiple Entry)
 1. None 2. Light 3. Moderate 4. Severe 5. Extreme 6. Clean Air 7. In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed	Fire 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground
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Description Of Damage To Aircraft And Other Property
 NO DAMAGE.

Mechanical Malfunction Failure

1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes	List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure	Total Time	
		On Part _____ Hours	At Overhaul _____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer BOEING	Aircraft Type/Model B.737	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 2. <input type="checkbox"/> Substantial 3. <input type="checkbox"/> Minor 4. <input checked="" type="checkbox"/> None
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Registered Aircraft Owner USAIRWAYS	Address
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Pilot Name	Address	Pilot Certificate No.
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Evacuation Of Aircraft

Assistance Received
 1. Outside Person (s) 2. Auxiliary Lighting 3. Slide 4. Rope 5. Ladder 6. Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)
 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

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

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Owner / Operator Information (cont.)

Operator (Certificate Number) _____ Operator Designator (4 Letter Designator) _____

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under 1. <input 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 checked="" type="checkbox"/> Foreign	FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input checked="" 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 _____
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Purpose of Flight

1. <input type="checkbox"/> Personal 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Educational 4. <input type="checkbox"/> Executive/Corporate 5. <input type="checkbox"/> Aerial Application	6. <input type="checkbox"/> Aerial Observation 7. <input type="checkbox"/> Other Work Use 8. <input checked="" type="checkbox"/> Public Use 9. <input type="checkbox"/> Ferry 10. <input type="checkbox"/> Positioning
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Pilot Information

Pilot Name: ROGER O'SHEA Pilot Certificate No. _____ Address: TOWN, JULIANSTOWN, CO. MEATH Nationality: IRISH

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 checked="" type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane	Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter	Instructor Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____
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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 _____ Waivers _____	Date Of Birth (M/D/Y) _____
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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 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 type="checkbox"/> Yes 2. <input type="checkbox"/> No
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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	Source Of Pilot Flight Time Information 1. <input 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
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Flight Time	All A/C	This Make & Model	Airplane		Night	Instrument		Rotorcraft	Glider	Lighter Than Air
			Single Engine	Multengine		Actual	Simulated			
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
 1. Co-Pilot 2. Dual Student 3. Safety Pilot 4. Check Pilot 5. None (Pilot-Rated Passenger)

Pilot Name: MARIK EGAN **Pilot Certificate No.:** _____ **Address:** ATHLUMNEY, DUBLIN, COMBASH **Nationality:** IRISH

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		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane					
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input checked="" type="checkbox"/> Airplane		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		3. <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				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		Date Of Last Medical (M/D/Y)		Limitations			Date Of Birth (M/D/Y)						
1. <input type="checkbox"/> None		3. <input type="checkbox"/> Class 2		Waivers			[REDACTED]						
2. <input type="checkbox"/> Class 1		4. <input type="checkbox"/> Class 3											
8/9/2004		Seat Occupied			Seat Belt Available								
1. <input checked="" type="checkbox"/> None		3. <input type="checkbox"/> Serious		1. <input type="checkbox"/> Left		3. <input type="checkbox"/> Center		5. <input type="checkbox"/> Rear					
2. <input type="checkbox"/> Minor		4. <input type="checkbox"/> Fatal		2. <input checked="" type="checkbox"/> Right		4. <input type="checkbox"/> Front		5. <input type="checkbox"/> No					
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		1. <input type="checkbox"/> Pilot Logbook		4. <input type="checkbox"/> Company					
1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		1. <input type="checkbox"/> Yes		2. <input type="checkbox"/> Operators Estimate		5. <input type="checkbox"/> Specify _____					
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		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			
						Actual	Simulated						
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.													
2.													
3.													
4.													
5.													
6.													
Flight Itinerary Information													
Last Departure Point			Time Of Departure		Destination		Flight Plan Filed						
1. Airport ID _____			1. Time _____		1. Airport ID _____		1. <input type="checkbox"/> None		4. <input type="checkbox"/> VFR/IFR				
2. City/Place _____			2. Time Zone _____		2. City/Place _____		2. <input type="checkbox"/> VFR		5. <input type="checkbox"/> Company (VFR)				
3. State _____					3. State _____		3. <input type="checkbox"/> IFR		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													
Fuel On Board At Last Takeoff				Fuel Type									
_____ Gallons				1. <input type="checkbox"/> 80/87		4. <input type="checkbox"/> 115/145		7. Specify _____					
or				2. <input type="checkbox"/> 100 Low Lead		5. <input type="checkbox"/> Jet A							
_____ Pounds				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)				
				1. <input type="checkbox"/> Dawn		3. <input type="checkbox"/> Dusk	5. <input type="checkbox"/> Dark Night						
				2. <input type="checkbox"/> Daylight		4. <input type="checkbox"/> Bright Night				Miles			

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.

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

Date Of This Report

17/11/06

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name TOM CIBBARD

3. Title HEAD OF AIR SAFETY

For NTSB Use Only

NTSB Accident No.

NYL05IA095AB

Reviewed By NTSB Office Located At

PARSIPPANY, NJ

Name Of Investigator

L. SCHIADT

Date Report Received

12/06

First Officer's Report from flight no. EI132 on 9/06/05

On the 9th June 2005 I operated as First Officer on flight EI132 (Boston to Shannon). After a fifteen-minute gate hold we received clearance to push and start. After start we taxied out to runway 15R. We received clearance to line up and hold on runway 15R, which we did. We waited approximately five minutes on the runway. Air Traffic Control sounded very busy. Air Traffic Control advised us to be ready for an immediate departure as there was an aircraft on three-mile finals to runway 04. We were cleared for takeoff. As we started our rotation we saw another aircraft, US Airways taking off on Runway 09, which appeared to have us converging at the intersection of 15R and 09. Whilst we were rotating I lost contact with the other aircraft in the bottom left side of my sliding window. We continued our climb and on handover to the departure controller we concurred with US Airways that we had had a near air miss. The departure Controller advised us to contact the tower on arrival at destination.

First Officer Mark Egan

Dear Sir,

I was Captain of EI132 departing Boston's Logan Airport on 9th June 2005. We were directed to 15R at my request as we were quite heavy. There were a total of 328 passengers and twelve crew aboard. We were eventually cleared to enter 15R and wait. After a wait of at least five minutes, we were finally advised that we would receive our take off clearance when the next landing a/c had got through the intersection of 4R and 15R. We were also informed that an a/c was on final approach to 4R at 3 miles and to expedite our departure on receiving our clearance. Prior to receiving our take off clearance we were requested to bring up the power, which we did. When the aircraft passed through the intersection we received our take off clearance. This we performed immediately. At approximately V1 while watching to my right for the next landing a/c I observed a US Airways 1170 performing it's take off run on R/W 09.

At this stage we were into our rotation. We were slightly ahead of it and it did not appear if at that stage they had commenced rotation. He did however appear relatively close. How close I can't say. We completed our take off. When a/b and changed to departure frequency both a/c reported a near miss to the controller.

Roger O'Shea
Captain