

AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

FROM (Office of origin): JFK		TO: REGIONAL OPERATIONS CENTER	DATE (UTC): 10/05/2014	TIME (UTC): 2252Z
CODE (First words of text) AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 1				
A	1. INFORMATION FROM: JFK ATCT			
B	1. REGISTRATION NO: N572RP & JY-AID	2. MAKE AND MODEL: CHQ6087 (E145) RJA261 (A342)	3. OPERATOR OF AIRCRAFT: DELTA/ROYAL JORDANIAN	
	4. TYPE OF ACTIVITY (Air taxi, instruction, pleasure, aerial appl., business, executive, sightseeing, etc.) IF KNOWN: TAXI			
5. BRIEF DESCRIPTION OF CIRCUMSTANCES SURROUNDING OCCURRENCE: AT APPROXIMATELY 2252Z, CHQ6087/N572RP (E145, CHS->JFK, RWY 22R ARRIVAL, STATIONARY ON TWY 'Q' BETWEEN TWYS 'A' AND 'B' FACING NORTHWEST) ADVISED GC1 THAT HE BELIEVED HIS AIRCRAFT WAS STRUCK BY RJA261/JY-AID (A342, OJAI->JFK, RWY 22L ARRIVAL, TAXIING NORTHBOUND ON TWY 'A' ABEAM TWY 'MB' ENROUTE TO TERMINAL 8.) CHQ6087 REQUESTED A PORT AUTHORITY VEHICLE TO INSPECT THE AIRCRAFT. PORT AUTHORITY NOTIFIED see attached sheet				
6. WEATHER DATA: KJFK 042351Z 29016G23KT 10SM FEW090 17/09 A2962				
7. AIRCRAFT DAMAGE: A <input type="checkbox"/> DESTROYED B <input type="checkbox"/> SUBSTANTIAL C <input type="checkbox"/> MINOR D <input type="checkbox"/> FIRE E <input type="checkbox"/> NONE				
C	OCCUPANTS INDICATE INJURIES: FATAL, SERIOUS, MINOR, NONE			
1. NAME AND ADDRESS OF PILOT/INJURY:		2. NAMES OF CREW/INJURIES:		3. NO. OF PASSENGERS/INJURIES:
D	1. LOCATION OF OCCURRENCE (Nearest city, town, and state) (Give route if overdue or missing):			
E	1. UTC DATE AND UTC TIME OF OCCURRENCE:			
F	1. INFORMATION ON COVERAGE OF OCCURRENCE BY FAA, NTSB, OTHER:			
G	FAA AIR TRAFFIC SERVICES SUMMARY OF FLIGHT HANDLING			
	1A. LAST DEPARTURE POINT:	1B. UTC DATE AND UTC TIME:	1C. INTENDED DESTINATION:	
	2. LAST RADIO CONTACT/POSITION AND/OR RADAR POSITION:			
	3. LAST ATC CONTROL CLEARANCE:			
	4. FLIGHT PLAN: A <input type="checkbox"/> IFR B <input type="checkbox"/> VFR C <input type="checkbox"/> NONE D <input type="checkbox"/> UNKNOWN			
	5. PILOT BRIEFING: A <input type="checkbox"/> YES B <input type="checkbox"/> NO C <input type="checkbox"/> UNKNOWN			
6. OTHER:				
RECEIVED AT:		DELIVERED TO:		TIME:
RECEIVED VIA: A <input type="checkbox"/> IN PERSON B <input type="checkbox"/> RADIO C <input type="checkbox"/> TELEPHONE			RECEIVED BY (Signature and Title):	
NOTE: Part 2 A <input type="checkbox"/> ON OTHER SIDE B <input type="checkbox"/> ON SEPARATE FORM C <input type="checkbox"/> NOT REQUIRED				

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FROM (<i>Office of origin</i>):	TO:	DATE (UTC):	TIME (UTC):
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CODE	<i>(First words of text)</i> AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 2		
H	1. REGISTRATION NO:	2. MAKE AND MODEL:	3. UTC DATE OF ACCIDENT/INCIDENT:

I	STATUS OF POTENTIALLY INVOLVED AIRWAY FACILITIES (CHECK <input checked="" type="checkbox"/> MARK STATUS AS INDICATED BY MONITOR OR REPORTED BY A.F. TECHNICIAN)									
	1. FACILITY TYPE:	2. LOCATION RUNWAY IDENTIFIER:	3. JUST PRIOR TO OCCURRENCE:		4. AT TIME OF OCCURRENCE:		5. FLIGHT INSPECTION:			
			A	B	A	B	CON-DUCTED		SATIS-FACTORY	
			NORMAL	ABNORMAL OR OUT OF SERVICE	NORMAL	ABNORMAL OR OUT OF SERVICE	A YES	B NO	C YES	D NO

6. REMARKS (*Explain briefly any entry above that is check marked as abnormal, or out of service*):

J STATUS REPORT RECEIVED FROM PILOTS OR OTHERS

List below any facilities reported by pilots or other persons as either operating normally, abnormally, or out of service just prior to, at the time of, or immediately following the time of the accident.

1. FACILITY TYPE:	2. LOCATION/ RUNWAY IDENTIFIER:	3. IDENTIFICATION NO. OF AIRCRAFT AND NAME OF PERSON FROM WHOM REPORT WAS RECEIVED:	4. STATUS REPORT (<i>Normal, abnormal, out of service, etc.</i>):	5. TIME OBSERVATION (UTC):

6. REMARKS (*Briefly describe the nature of any reported abnormally, reason for being out of service, etc.*):

RECEIVED AT:	DELIVERED TO:	TIME:
RECEIVED VIA: A <input type="checkbox"/> IN PERSON B <input type="checkbox"/> RADIO C <input type="checkbox"/> TELEPHONE		RECEIVED BY (<i>Signature and Title</i>):
NOTE: Part I		
A <input type="checkbox"/> ON OTHER SIDE B <input type="checkbox"/> ON SEPARATE FORM		

continued

AND AT APPROXIMATELY 2258Z AN ALERT 1 WAS INITIATED BY JFK TOWER AFTER CONSULTING WITH THE PORT AUTHORITY POLICE. AT APPROXIMATELY 2315Z, AFTER PORT AUTHORITY/PAPD INSPECTIONS, RJA261 RESUMED TAXI AND ENTERED TERMINAL 8 RAMP AT 2317Z. CHQ6087 RESUMED TAXI AT 2333Z AND ENTERED TERMINAL 2 RAMP AT 2338Z. THE PORT AUTHORITY DUTY MANAGER ADVISED JFK ATCT OF THE FOLLOWING AIRCRAFT DAMAGE:

RJA261 - DENT ON LEFT WING

CHQ6087 - DAMAGE TO VERTICAL STABILIZER

NO INJURIES REPORTED TO PORT AUTHORITY OR JFK ATCT AT THE TIME OF THE INCIDENT. AT 0019Z, THE PORT AUTHORITY DUTY MANAGER ADVISED JFK ATCT THAT A 32 YEAR OLD MALE PASSENGER OF CHQ6087 COMPLAINING OF BACK PAIN WAS BEING TRANSPORTED TO JAMAICA HOSPITAL.