



<b>Owner / Operator Information (cont.)</b>											
Operator (Certificate Number)			Operator Designator (4 Letter Designator)								
<b>Purpose Of Flight And Type Of Operation</b>											
<b>Regulation Flight Conductor Under</b> 1. <input type="checkbox"/> FAR81 (only)    4. <input checked="" type="checkbox"/> FAR 121    7. <input type="checkbox"/> FAR 139 2. <input type="checkbox"/> FAR81D    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					<b>Operator Authority</b> FAR121    FAR 133 1. <input checked="" type="checkbox"/> Domestic    6. <input type="checkbox"/> Rotorcraft 2. <input type="checkbox"/> Flag    External Load 3. <input type="checkbox"/> Supplemental FAR 125 4. <input type="checkbox"/> On Demand    7. <input type="checkbox"/> Large Aircraft 5. <input type="checkbox"/> Commuter    FAR 129 8. <input type="checkbox"/> Foreign			FAR 121, 125, 127, 129, 135 <b>Revenue Operations</b> 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 _____			
<b>Purpose of Flight</b> 1. <input type="checkbox"/> Personal    6. <input type="checkbox"/> Aerial Observation 2. <input checked="" 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											
<b>Pilot Information</b>											
Pilot Name <b>Henry B. Jones</b>			Pilot Certificate No. [REDACTED]		Address [REDACTED]			Nationality <b>USA</b>			
<b>Certificate (s)</b> 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 _____											
<b>Rating (s)</b> 1. <input type="checkbox"/> None    6. <input type="checkbox"/> Helicopter 2. <input 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				<b>Instrument Rating (s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating (s)</b> 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					
<b>Type Ratings/Student Endorsements</b> B-737				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> 7/23/04		<b>BFR Aircraft</b> 1. Make <b>Boeing</b> 2. Model <b>B-737-3p7</b>					
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b> 12/08/04		<b>Limitations</b> Wears corrective lens Waivers			<b>Date Of Birth (M/D/Y)</b> [REDACTED]			
<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 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		<b>Person At Controls At Time Of Accident</b> 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			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook    4. <input checked="" type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records						
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Alrplane Single Engine</b>	<b>Alrplane Multiengine</b>	<b>Night</b>	<b>Instrument Actual</b>	<b>Instrument Simulated</b>	<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time		16500	10800								
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days			267								
Last 30 Days			89								
Last 24 Hours			11:24								
<b>Second Pilot Information</b>											
<b>Second Pilot Responsibilities At The Time Of Accident</b>											
1. <input checked="" type="checkbox"/> Co-Pilot	2. <input type="checkbox"/> Dual Student	3. <input type="checkbox"/> Safety Pilot	4. <input type="checkbox"/> Check Pilot	5. <input type="checkbox"/> None (Pilot-Rated Passenger)							
Pilot Name <b>James I. Dannahower</b>			Pilot Certificate No. [REDACTED]		Address [REDACTED]			Nationality <b>USA</b>			
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. 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 _____											

Second Pilot Information (cont.)										
<b>Rating (a)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input checked="" 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			<b>Instrument Rating (a)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			<b>Instructor Rating (a)</b> 1. <input checked="" 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 _____				
<b>Type Ratings/Student Endorsements</b> A320, B-737			<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> 4/14/05			<b>BFR Aircraft</b> 1. Make <u>Boeing</u> 2. Model <u>B-737</u>				
<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b> 4/21/05		<b>Limitations</b> None			<b>Date Of Birth (M/D/Y)</b> [REDACTED]			
<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input checked="" type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No					
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input checked="" 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 checked="" type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____			
<b>Flight Time</b>	<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument Actual</b>	<b>Instrument Simulated</b>	<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time	17800	12000								
Pilot in Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days		202								
Last 30 Days		73								
Last 24 Hours		11:24								
<b>Other Personnel</b>										
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1. Antoinette	A	[REDACTED]			FA					
2. Lindsey		[REDACTED]								
3. Marianne	B	[REDACTED]			FA					
4. Tomas		[REDACTED]								
5. Jeffrey D.	C	[REDACTED]			FA					
6. Morris		[REDACTED]								
<b>Flight Itinerary Information</b>										
<b>Last Departure Point</b> 1. Airport ID <u>KBOS</u> 2. City/Place <u>Boston</u> 3. State <u>MA</u>			<b>Time Of Departure</b> 1. Time <u>1939</u> 2. Time Zone <u>EDT</u>		<b>Destination</b> 1. Airport ID <u>PHL</u> 2. City/Place <u>Philadelphia</u> 3. State <u>PA</u>		<b>Flight Plan Filed</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> VFR 3. <input checked="" 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										
<b>Fuel On Board At Last Takeoff</b> _____ Gallons or <u>15,568</u> Pounds				<b>Fuel Type</b> 1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive			7. Specify _____			
<b>Other Services, If Any, Prior to Departure</b> N/A										
<b>Weather Information At The Accident Site</b>										
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b> METAR-KBOS 2354z			<b>Light Condition</b> 1. <input type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night			<b>Visibility</b> <u>8SM</u> Miles		<b>Temp (°F)</b> 62.6		

Weather Information At The Accident Site (cont.)							
<b>Dew Point</b> 59 (°F)	<b>Altimeter Setting</b> 30.10 "Hg	<b>Sky/Lowest Cloud Condition</b> 1. <input type="checkbox"/> Clear 2. <input checked="" type="checkbox"/> Scattered 15,000 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					
<b>Wind Information</b> 1. Direction 080 2. Velocity 4 Kts 3. Gusts _____ Kts		<b>Restriction To Visibility</b> None	<b>Type Precipitation</b> None				
		<b>Intensity Of Precipitation</b> 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____					
<b>Turbulence (Multiple Entry)</b> 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							
<b>Degree Of Aircraft Damage</b> 1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> Destroyed			<b>Fire</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground				
<b>Description Of Damage To Aircraft And Other Property</b>  None							
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		<b>Total Time</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;">On Part</td> <td style="width:50%; text-align: center; border: none;">At Overhaul</td> </tr> <tr> <td style="text-align: center; border: none;">_____ Hours</td> <td style="text-align: center; border: none;">_____ Hours</td> </tr> </table>		On Part	At Overhaul	_____ Hours	_____ Hours
On Part	At Overhaul						
_____ Hours	_____ Hours						
Collision Accident							
If Collision Accident Occurred, Complete The Information For Other Aircraft							
<b>Registration Mark</b>	<b>Aircraft Manufacturer</b>	<b>Aircraft Type/Model</b>	<b>Degree Of Aircraft Damage</b> 1. <input type="checkbox"/> Destroyed    3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> None				
<b>Registered Aircraft Owner</b>		<b>Address</b>					
<b>Pilot Name</b>		<b>Address</b>	<b>Pilot Certificate No.</b>				
Evacuation Of Aircraft							
<b>Assistance Received</b> 1. <input type="checkbox"/> Outside Person (s)    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 _____							
<b>Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)</b> 1. Main Door _____    2. Auxiliary Door _____    3. Emergency Exit _____							
Recommendation (How Could This Accident Have Been Prevented)							
<b>Operator/Owner Safety Recommendation (Optional Entry)</b>  							

**Additional Flight Crew Members**

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

Name	FAA Certificate No.	Address _____	Title
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Certificate(s)  
 Student                       Commercial                       Flight Instructor                       Foreign  
 Private                       Airline Transport                       Flight Engineer                       Specify \_\_\_\_\_

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____	Title
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Certificate(s)  
 Student                       Commercial                       Flight Instructor                       Foreign  
 Private                       Airline Transport                       Flight Engineer                       Specify \_\_\_\_\_

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____	Title
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Certificate(s)  
 Student                       Commercial                       Flight Instructor                       Foreign  
 Private                       Airline Transport                       Flight Engineer                       Specify \_\_\_\_\_

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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**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.

At 1939 EDT on June 9, 2005, Boeing B-737 Aircraft N394US was cleared for takeoff Runway 09 at Boston/Logan International Airport (KBOS), operating as Flight 1170 with Philadelphia International Airport (KPHL) as its destination. The flight was operating with 5 crewmembers and 103 passengers onboard. The weather was dry/clear and daylight conditions existed.

At about the same time, Aer Lingus Flight 132, an Airbus A330 aircraft, was cleared for takeoff on Runway 15, which intersects Runway 09. Flight 1170 saw the A330 as it began to rotate prior to the runway intersection and delayed their rotation until rolling through the intersection. The A330 passed directly above the Boeing 737.

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

Date Of This Report June 20, 2005	Signature Of Pilot/Operator
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Signature Of Person Filing Report Other Than Pilot/Operator	
1. Signature	
2. Type Or Print Name	Peter R. Eichenlaub
3. Title	Director, Flight Safety and Quality Assurance

**For NTSB Use Only**

NTSB Accident No. 11VLOSIA095AR	Reviewed By NTSB Office Located At PARSIPPANY, NJ	Name Of Investigator L. SCHEADA	Date Report Received 6/20/2005
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June 20, 2005

TO WHOM IT MAY CONCERN:

RE: Flight No. 1170 - BOS-PHL - 6/9/05

To the best of my recollection these are the facts regarding the above captioned flight.

For this flight the Captain (Henry B. Jones) was the pilot flying (PF) and the First Officer (James Dannahower) was the Pilot Monitoring (PM).

Pushback, start-up and taxi out were normal; all checklists were completed. We were cleared "position and hold" by the tower. We were cleared for takeoff with an advisory that traffic was on final for landing runway 4R.

Spool up and acceleration were normal. At V1 PM stated "V1." Immediately following the V1 call the PM stated, "keep it down." At that instant I (PF) noticed an Air Lingus Airbus 330 rotating for takeoff on Runway 15R. At this point the only option was to continue the takeoff roll so as to pass under the Airbus. I elected not to reject since V1 had been called, and a successful rejection of takeoff was unlikely. The takeoff roll was continued through the intersection of runways 9 and 15R. As we passed the intersection it appeared the airbus flew over us. When we were clear of the conflicting Airbus the PM stated, "rotate" and I rotated for takeoff.

Climb out, cruise, descent and landing were normal.

Sincerely,

  
Henry B. Jones

June 20, 2005

TO WHOM IT MAY CONCERN:

RE: Flight No. 1170 - BOS-PHL - 6/9/05

To the best of my recollection these are the facts regarding the above captioned flight.

I was acting as F/O on Flight 1170 (US Airways) and was the non-flying pilot. Tower cleared our flight for takeoff on Runway 9 with the comment that crossing traffic was two out (landing). After calling V1, I noticed an Air Lingus A-330 rotating just prior to the intersection of 15R/9. The Airbus was departing 15R and we were approaching the intersection on Runway 9. I stated "keep it down" and pushed the control col. forward to prevent the Captain from rotating the aircraft. The Airbus passed overhead our aircraft with very little separation, and once clear of the intersection the Captain rotated and we lifted off towards the end of the runway. I reported to departure control that we had a near miss at which time Air Lingus reported "we concur". The remainder of our flight was normal and we proceeded to PHL.

Sincerely,



James L. Dannahower