



DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

PERSONNEL STATEMENT

1. NAME OF REPORTING FACILITY:
Fort Worth FCF/AFSS

2. REPORT NUMBER:
FTW-FCF/AFSS-0040

3. AIRCRAFT IDENTIFICATION AND TYPE:
N38171, PA32

4. LOCATION OF ACCIDENT/INCIDENT:
Lakeview, AR

5. DATE/TIME OF ACCIDENT/INCIDENT (UTC):
June 26, 2009, 1404 UTC

6. EQUIPMENT ATTACHMENT:
☐ YES ☒ NO

7. NAME (OPERATING INITIALS):
Stephen J McCormick (SJ)

8. TITLE:
ATCS

9. POSITION AND TIME (UTC):
WS008 PF 1239-1549 UTC

10. COMPLETE IN ACCORDANCE WITH FAA ORDER 8020.16, AIR TRAFFIC ORGANIZATION, AIRCRAFT ACCIDENT AND INCIDENT NOTIFICATION, INVESTIGATION, AND REPORTING, PARAGRAPH 91, FAA FORM 8020-26, PERSONNEL STATEMENTS. THE PURPOSE OF THIS STATEMENT IS TO PROVIDE ANY FACTS WITHIN YOUR PERSONAL KNOWLEDGE THAT WILL PROVIDE A COMPLETE UNDERSTANDING OF THE CIRCUMSTANCES SURROUNDING THIS ACCIDENT/ INCIDENT. SPECULATIONS, HEARSAY, OPINIONS, CONCLUSIONS, AND/OR OTHER EXTRANEIOUS DATA ARE NOT TO BE INCLUDED IN THIS STATEMENT. THIS STATEMENT MAY BE RELEASED TO THE PUBLIC THROUGH THE FREEDOM OF INFORMATION ACT OR LITIGATION ACTIVITIES INCLUDING PRETRIAL DISCOVERY, DEPOSITIONS, AND ACTUAL COURT TESTIMONY. THIS STATEMENT IS TO BE HAND PRINTED AND SIGNED BY YOU, AND YOUR SIGNATURE BELOW CERTIFIES THE ACCURACY OF THIS STATEMENT. IT WILL NEITHER BE EDITED NOR TYPED AND, ONCE SIGNED, WILL CONSTITUTE YOUR ORIGINAL STATEMENT.

11. TEXT OF STATEMENT:

☒ ORIGINAL ☐ SUPPLEMENTAL

I have nothing to add beyond what is previously recorded.

I do not remember what the various settings of the operational equipment were at the time of the accident.

12. SIGNATURE OF WITNESS:

13. DATE OF SIGNATURE:

July 13, 2009