

NATIONAL TRANSPORTATION SAFETY BOARD

Office of Aviation Safety
Washington, D.C. 20594

Attachment 8 - NTSB Form 6120

**OPERATIONS/HUMAN PERFORMANCE SUPPORT TO
THE U.S. ACCREDITED REPRESENTATIVE**

DCA10RA092

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents																																																						
BASIC INFORMATION																																																						
Accident/Incident Location Nearest City/Place: <u>Dubai</u> State: _____ ZIP: _____ Country: <u>United Arab Emirates</u> Latitude: <u>25:06:13N</u> (dd:mm:ss N/S) Longitude: <u>55:21:47E</u> (ddd:mm:ss E/W)					Date/Time Date: <u>09/03/2010</u> Local Time: <u>1941</u> <i>mm/dd/yyyy</i> Time Zone: <u>UTC +4</u>																																																	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input checked="" type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence _____ 28,000 ft MSL																																															
AIRCRAFT INFORMATION																																																						
Manufacturer: <u>Boeing</u> Model: <u>747-400F</u> Serial Number: <u>35668</u> Registration Number: <u>N571UP</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: _____ <u>875,000</u> lbs Weight at Time of Accident/Incident: _____ <u>738,000</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>22.2%</u> Percent Mean Aerodynamic Cord (% MAC)																																																	
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: _____ <u>8</u> If Large Aircraft, how many seats for: Flight Crew: _____ <u>2</u> Cabin Crew: _____ <u>0</u> Passengers: _____ <u>6</u>		Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown																																																
Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: _____ <u>6/26/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: _____ <u>9,275</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident																																																	
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____																																																	
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			ELT Manufacturer: <u>ELTA</u> Model/Series: <u>Fixed ELT/ADT406AF/AP</u> Serial Number: <u>07211937</u> Battery Type: <u>Lithium Manganese Dioxide</u> Battery Exp. Date: <u>12/01/2011</u>																																																			
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. <i>mm/dd/yyyy</i></th> <th>Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>General Electric</td> <td>CF6-80C2B1F</td> <td>706860</td> <td>09/27/2007</td> <td>57,900</td> <td>9,977</td> <td>9,918</td> <td></td> </tr> <tr> <td>Eng. 2</td> <td>General Electric</td> <td>CF6-80C2B1F</td> <td>706861</td> <td>09/27/2007</td> <td>57,900</td> <td>9,977</td> <td>9,918</td> <td></td> </tr> <tr> <td>Eng. 3</td> <td>General Electric</td> <td>CF6-80C2B1F</td> <td>706862</td> <td>09/27/2007</td> <td>57,900</td> <td>9,977</td> <td>9,918</td> <td></td> </tr> <tr> <td>Eng. 4</td> <td>General Electric</td> <td>CF6-80C2B1F</td> <td>706863</td> <td>09/27/2007</td> <td>57,900</td> <td>9,977</td> <td>9,918</td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	General Electric	CF6-80C2B1F	706860	09/27/2007	57,900	9,977	9,918		Eng. 2	General Electric	CF6-80C2B1F	706861	09/27/2007	57,900	9,977	9,918		Eng. 3	General Electric	CF6-80C2B1F	706862	09/27/2007	57,900	9,977	9,918		Eng. 4	General Electric	CF6-80C2B1F	706863	09/27/2007	57,900	9,977	9,918	
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OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>United Parcel Service Co.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>Louisville</u> State: <u>Kentucky</u> ZIP: <u>40223</u> Country: <u>USA</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>IPXA</u>		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input checked="" type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input checked="" type="checkbox"/> Cargo <u>228,076</u> lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input checked="" type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Under investigation		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input checked="" type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: <u>Matthew</u> City: <u>Sanford</u> Middle Initial: <u>C</u> State: <u>Florida</u> ZIP: <u>32771</u> Last Name: <u>Bell</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>38</u> Date of Birth: <u>01/11/1972</u> Certificate Number: <u>2810030</u> <i>mm/dd/yyyy</i>																																																																																																				
Degree of Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		Date of Last Medical <u>04/16/2010</u> <i>mm/dd/yyyy</i>																																																																																													
Medical Certificate Limitations None																																																																																																				
Medical Certificate Waivers None																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/31/2010</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>Boeing</u> Model: <u>747-400F</u>																																																																																																
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																												
Type Ratings B-757 B-767 B-747-4 EMB-145							Student Endorsements (Include dates)																																																																																													
<table border="1"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1,442</td> <td>84</td> <td></td> <td>1,442</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>84</td> <td>84</td> <td></td> <td>84</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>26</td> <td>26</td> <td></td> <td>26</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	1,442	84		1,442							Pilot in Command (PIC)	0	0		0							Time as Instructor	0	0		0							This Make/Model											Last 90 Days	84	84		84							Last 30 Days	26	26		26							Last 24 Hours	0	0		0						
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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Last 24 Hours	0	0		0																																																																																																

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																			
Pilot Name and Address						Degree of Injury													
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal											
Middle Initial: _____			State: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown											
Last Name: _____			Country: _____			<input type="checkbox"/> Serious													
Pilot Certificate(s) (Check all that apply)						Seat Occupied													
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer											
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military											
<input type="checkbox"/> Foreign		Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs													
<input type="checkbox"/> Left			<input type="checkbox"/> Front			<input type="checkbox"/> Right			<input type="checkbox"/> Rear										
<input type="checkbox"/> Center			<input type="checkbox"/> Single			<input type="checkbox"/> Unknown													
Pilot Name and Address						Degree of Injury													
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal											
Middle Initial: _____			State: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown											
Last Name: _____			Country: _____			<input type="checkbox"/> Serious													
Pilot Certificate(s) (Check all that apply)						Seat Occupied													
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer											
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military											
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<input type="checkbox"/> Center			<input type="checkbox"/> Single			<input type="checkbox"/> Unknown													
Pilot Name and Address						Degree of Injury													
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal											
Middle Initial: _____			State: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown											
Last Name: _____			Country: _____			<input type="checkbox"/> Serious													
Pilot Certificate(s) (Check all that apply)						Seat Occupied													
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer											
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military											
<input type="checkbox"/> Foreign		Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs													
<input type="checkbox"/> Left			<input type="checkbox"/> Front			<input type="checkbox"/> Right			<input type="checkbox"/> Rear										
<input type="checkbox"/> Center			<input type="checkbox"/> Single			<input type="checkbox"/> Unknown													
PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary)																			
Name and Address						Sant	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious	Injury	Minor	Injury	No Injury	Unknown	
First Name: _____			City: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____			State: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name: _____			Country: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____			City: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____			State: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name: _____			Country: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____			City: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____			State: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name: _____			Country: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____			City: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____			State: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name: _____			Country: _____			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.
About 20 minutes after takeoff from DXB the crew reported smoke in the cockpit, declared an emergency and reversed course to return to DXB. The plane was too high for landing and overflew the field crashing 9 miles sw of DXB.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation
Under investigation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 10/01/2010 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____		
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: <u>Karen D. Lee</u> Type or Print Name: <u>Karen D. Lee</u> Title: <u>Director of Airline Safety</u>			
FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received