



GREAT LAKES AVIATION INFORMATION REPORT

Date of Occurrence 9/1/13	Flight # (If Applicable) 7125	A/C (If Applicable) 1616L	Location of Occurrence: TEX	
Submitted by: Name & employee #: Israel Tomicich		[Redacted]	Contact Phone Number [Redacted]	Close Date
Email Address:				
FOR OFFICE USE ONLY -				
Date of Initial Entry: <input type="checkbox"/> Maintenance	0256813 <input type="checkbox"/> Flight Operations	Control #: [Redacted]	<input type="checkbox"/> Stations	<input type="checkbox"/> Appropriate Mgmt

Instructions:

Prepare the information report within the same work shift on which the situation occurs. All reports should be faxed to the Director of Safety at (307) [Redacted] or e-mail to [Redacted]. Incidents involving security issues should also be sent to [Redacted]@gla.com or (307) [Redacted]. The report will be disseminated to the appropriate department(s) via email and responded to promptly. To expedite the process please include your email address. For all s

Detailed Explanation of the Situation:

After selecting gear down the left main failed to extend normally. No green lights were noted at the red in transit light remained. Visual inspection showed the gear was down & all appropriate checklists were run. After a normal landing at about 80 kts, the left main collapsed. Passengers were safely evacuated and there were no reported injuries.

In the event of an employee injury, refer to the First Report of Injury and Accident/Illness Report, which can be obtained from the local Station Manager.



GREAT LAKES AVIATION INFORMATION REPORT

Date of Occurrence 9-1-13	Flight# (If Applicable) 7125	A/C (If Applicable) N1169GL	Location of Occurrence: KTEX	
Submitted by: Name & employee #: Kevin Olson		[REDACTED]	Contact Phone Number [REDACTED]	Close Date [REDACTED]
Email Address: [REDACTED]				
FOR OFFICE USE ONLY -				
Date of Initial Entry: 09/01/13	Control #: [REDACTED]		[REDACTED]	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Flight Operations	<input type="checkbox"/> Stations	<input type="checkbox"/> Appropriate Mgmt	

Instructions:

Prepare the information report within the same work shift on which the situation occurs. All reports should be faxed to the Director of Safety at (307) [REDACTED] or e-mail to [REDACTED]@greatlakes.com. Incidents involving security issues should also be sent to [REDACTED]@greatlakes.com or (307) [REDACTED]. The report will be disseminated to the appropriate department(s) via email and responded to promptly. To expedite the process please include your email address. For all s

Detailed Explanation of the Situation:

After selecting gear down the left main failed to extend normally. No green lights were noted and the red in transit light remained illuminated. Visual inspection showed the gear was down and all appropriate checklist were ran. After a normal landing at approx 80 kts the left main collapsed. Passengers were safely evacuated and there were no reported injuries.

Indicate an employee injury, refer to the First Report of Injury and Accident/Illness Report, which can be obtained from the local Station Manager.