

Owner / Operator Information (cont.)

Operator (Certificate Number) YENA 176J Operator Designator (4 Letter Designator) JBLU

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input checked="" type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 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			Operator Authority FAR121 1. <input checked="" type="checkbox"/> Domestic 2. <input checked="" type="checkbox"/> Flag 3. <input checked="" type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter		FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 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 _____	
Purpose of Flight 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								

Pilot Information

Pilot Name SCOTT BURKE Pilot Certificate No. [REDACTED] Address RALEIGH, NC 27612 Nationality US

Certificate (s)

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 _____

Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input checked="" 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		Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating (s) 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	
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Type Ratings/Student Endorsements B737 - A320 - BE300 - BE1900

Date Of Biennial Flight Review or Equivalent (M/D/Y) 3/15/05

BFR Aircraft
 1. Make AIRBUS
 2. Model A320-232

Medical Certificate
 1. None 3. Class 2
 2. Class 1 4. Class 3

Date Of Last Medical (M/D/Y) 8/12/05

Limitations HOLDER SHALL WEAR CORRECTIVE LENSES

Waivers NONE

Date Of Birth (M/D/Y) [REDACTED] 59

Degree Of Injury
 1. None
 2. Minor
 3. Serious
 4. Fatal

Seat Occupied
 1. Left 4. Front
 2. Right 5. Rear
 3. Center

Person At Controls At Time Of Accident
 1. Pilot In Control 4. Non-Pilot
 2. Second Pilot 5. No One
 3. Both Pilots

Seat Belt Available
 1. Yes
 2. No

Seat Belt Used
 1. Yes
 2. No

Shoulder Harness Available
 1. Yes
 2. No

Shoulder Harness Used
 1. Yes
 2. No

Source Of Pilot Flight Time Information
 1. Pilot Logbook 4. Company
 2. Operators Estimate 5. Specify _____
 3. FAA Records

Flight Time	All A/C	This Make & Model	Airplane			Instrument		Rotorcraft	Glider	Lighter Than Air
			Single Engine	Multiengine	Night	Actual	Simulated			
Total Time	10527.7	2552.1	1258.7	476.75	2653.1	932.8	217.7	0	0	0
Pilot In Command (PIC)	4683.2	1744.3	1206	4290.85	1123	805.9	0	0	0	0
Instructor	972.7	0	952.7	20	233	75.4	0	0	0	0
This Make & Model					904.8	122.9	0			
Last 90 Days	1600.13	1600.13	0	1600.13	20	4.2	0	0	0	0
Last 30 Days	39.52	39.52	0	39.52	10.5	.2	0	0	0	0
Last 24 Hours	9.09	9.09	0	9.09	1.8	.2	0	0	0	0

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
 1. Co-Pilot 2. Dual Student 3. Safety Pilot 4. Check Pilot 5. None (Pilot-Rated Passenger)

Pilot Name DAVID RAZLER Pilot Certificate No. [REDACTED] Address OAKLAND PARK, FL 33309 Nationality US

Certificate (s)

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 _____

Second Pilot Information (cont.)													
Rating (s)			Instrument Rating (s)			Instructor Rating (s)							
1. <input type="checkbox"/> None 2. <input checked="" 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			1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			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 _____		
Type Ratings/Student Endorsements <u>DHC-8</u>			Date Of Biennial Flight Review or Equivalent (M/D/Y) <u>4/25/05</u>			BFR Aircraft 1. Make <u>AZBJS</u> 2. Model <u>A320-232</u>							
Medical Certificate 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input checked="" type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y) <u>4/19/05</u>		Limitations <u>N/A</u> Waivers <u>N/A</u>			Date Of Birth (M/D/Y) <u>1/68</u>						
Degree Of Injury 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 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			Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No								
Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" 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 _____					
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
Total Time		<u>5732</u>	<u>1,284.16</u>	<u>396.1</u>	<u>5336.5</u>	<u>1160.5</u>	<u>262</u>	<u>123.6</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Pilot In Command (PIC)		<u>1337</u>	<u>0</u>	<u>180.1</u>	<u>1020</u>	<u>267.4</u>	<u>267.4</u>	<u>40.8</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Instructor		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
This Make & Model						<u>256.8</u>	<u>51.3</u>	<u>0</u>					
Last 90 Days		<u>254</u>	<u>254</u>	<u>0</u>	<u>254</u>	<u>50.8</u>	<u>11.6</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Last 30 Days		<u>94.45</u>	<u>94.45</u>	<u>0</u>	<u>94.45</u>	<u>18.8</u>	<u>4.3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Last 24 Hours		<u>9.09</u>	<u>9.09</u>	<u>0</u>	<u>9.09</u>	<u>1.8</u>	<u>.4</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Other Personnel													
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1.													
2.													
3.													
4.													
5.													
6.													
Flight Itinerary Information													
Last Departure Point			Time Of Departure			Destination			Flight Plan Filed				
1. Airport ID <u>KBUR</u>			1. Time <u>1531</u>			1. Airport ID <u>KJFK</u>			1. <input type="checkbox"/> None		4. <input type="checkbox"/> VFR/IFR		
2. City/Place <u>BURBANK</u>			2. Time Zone <u>PACIFIC</u>			2. City/Place <u>NEW YORK</u>			2. <input type="checkbox"/> VFR		5. <input type="checkbox"/> Company (VFR)		
3. State <u>CA</u>						3. State <u>NY</u>			3. <input checked="" type="checkbox"/> IFR		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													
Fuel On Board At Last Takeoff						Fuel Type							
Gallons _____ or <u>31,600</u> Pounds						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 _____							
Other Services, If Any, Prior to Departure													
Weather Information At The Accident Site													
Source Of Weather Information (Pilot/Operator, Weather Observation)				Light Condition				Visibility		Temp (°F)			
<u>METAR</u>				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				<u>10</u> Miles		<u>64.4</u>			

Weather Information At The Accident Site (cont.)			
Dew Point 60.8 (°F)	Altimeter Setting 29.91 "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ 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	
Wind Information 1. Direction 250 2. Velocity 8 Kts 3. Gusts 0 Kts	Restriction To Visibility N/A	Type Precipitation N/A	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____
Turbulence (Multiple Entry) 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			
Degree Of Aircraft Damage 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed		Fire 1. <input type="checkbox"/> Yes 3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No 4. <input type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property BOTH NOSE LANDING GEAR TIRES DAMAGED. NOSE LANDING GEAR GROUND DOWN. POSSIBLE INTERNAL DAMAGE TO NOSE LANDING GEAR.			
Mechanical Malfunction Failure			
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time	
NOSE LANDING GEAR - FAILURE IS UNKNOWN AT THIS TIME.		On Part 14218.8 Hours	At Overhaul N/A Hours
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed 3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> None
Registered Aircraft Owner		Address	
Pilot Name	Address	Pilot Certificate No.	
Evacuation Of Aircraft			
Assistance Received 1. <input checked="" 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 _____			
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door 147 2. Auxiliary Door _____ 3. Emergency Exit _____			
Recommendation (How Could This Accident Have Been Prevented)			
Operator/Owner Safety Recommendation (Optional Entry)			

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)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. 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)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. 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)			
1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Foreign
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. 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.

PLEASE SEE ATTACHED PAGE.

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

Date Of This Report

10/11/05

Signature Of Pilot/Operator

~~Paul R. Al...~~

(AIR SAFETY INVESTIGATOR)

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

LAX05IA312

Reviewed By NTSB Office Located At

Gardena, CA WPR

Name Of Investigator

Plagens

Date Report Received

Aircraft N536JB operating as JetBlue Flight 292 departed KBUR at approximately 1531 (Pacific) bound for KJFK. After departure and while attempting to raise the landing gear, the nose gear would not retract. Shortly after, the crew received a single chime, ECAM and Master Caution for "L/G Shock Absorber Fault" and "NW Steer Fault". After discussing the situation with JetBlue Dispatch and Maintenance Control, the decision was made to verify the status of the landing gear by performing a fly-by over KLGB. After performing the fly-by, the nose landing gear was confirmed to be cocked at approximately a 90 degree angle. With the information obtained, the decision was made to declare an emergency and utilize airborne holding to burn fuel and then divert to KLAX. At approximately 1818 (Pacific) aircraft N536JB touched down on Runway 25R at LAX. At touch down, the nose landing gear was held off the ground as the airspeed bled off. As the cocked nose landing gear came to rest on the runway surface, the resulting friction caused smoke and some flames in the vicinity of the nose gear. The aircraft came to rest approximately 1,000 feet from the departure end of runway 25R with no signs of fire. Emergency personnel were standing by to secure the area and provide assistance to the crew and passengers. The passengers were deplaned through the forward cabin door using air-stairs. There were no injuries and the only damage sustained to the aircraft was to the nose landing gear.