

# NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.ntsb.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing. An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that ALL questions be answered completely and accurately to serve the above purposes.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance, or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.  
If more space is needed, continue on a blank sheet.

**Nearest City/Place:** Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

**Date & Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

**Max Gross Weight:** Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Airworthiness Certificate:** For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

**Public Use:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

**Air Medical Flight:** Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Purpose of Flight (FAR 91, 103, 133, 137):** Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**BUSINESS**—Includes all personal flying without a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying with a paid, professional crew.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**FERRY**—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

**PUBLIC USE**—See definition above.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft - Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identification:** Provide the official 3 or 4 character airport identifier.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

**NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

**Pilot Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the Instructions. Minor Injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

**Additional Flight Crew Members:** Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the Instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

# 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

<b>Accident/Incident Location</b> Nearest City/Place: <u>Charlotte-Douglas International (KCLT)</u> State: <u>NC</u> ZIP: <u>28208</u> Country: <u>USA</u> Latitude: <u>N 35° 12' 49</u> (dd:mm:ss N/S) Longitude: <u>W 80° 56' 56</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>12/13/2009</u> Local Time: <u>22:50</u> <i>mm/dd/yyyy</i> Time Zone: <u>EST</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ ft MSL

## AIRCRAFT INFORMATION

<b>Manufacturer:</b> <u>Boeing</u> <b>Model:</b> <u>MD-80</u> <b>Serial Number:</b> <u>49676</u> <b>Registration Number:</b> <u>N483A</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Max Gross Weight:</b> <u>149,500</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>125,000</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>13.1</u> Percent Mean Aerodynamic Cord (% MAC)
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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport <b>Special</b> <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	<b>Number of Seats:</b> <u>140</u> <b>If Large Aircraft, how many seats for:</b> Flight Crew: <u>2</u> Cabin Crew: <u>3</u> Passengers: <u>110</u>	<b>Landing Gear</b> <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
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<b>Type of Maintenance Program</b> <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: _____	<b>Last Inspection Type</b> <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	<b>Date Last Inspection:</b> <u>05/21/2008</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>62,201</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Engine Fire Bottles</u>
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____	
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<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <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	Pratt & Whitney	JT8D-200			20000/20850			
Eng. 2	Pratt & Whitney	JT8D-200			20000/20850			
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b> Name: <u>American Airlines</u>  Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Fort Worth</u> State: <u>TX</u> ZIP: <u>76155</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner  Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>AA</u>		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner  City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 </div> </div>		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight</b> 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		<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one)  <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held</b> (Select all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input 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)			
<b>Aircraft Registration Number</b> _____		<b>Manufacturer:</b> _____ <b>Model:</b> _____	
<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None			
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>  <div style="height: 100px;"></div>			<b>Total Time/Cycles On Part</b>  _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b>  _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input 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	
<b>Aircraft Explosion</b> <input 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			

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff, or within 3 miles of an airport, complete this section.)

Airport Identifier: KCLT Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: Charlotte-Douglas International Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: \_\_\_\_\_ ft. MSL  
 Approach Segment (Select one)  
☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)  
☐ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS  
☐ SDF ☒ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)  
☐ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown

Runway Information  
 Runway ID: 36C (L/R/C) Length: 10,000 ft Width: 150 ft  
 Runway/Landing Surface (Check all that apply)  
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)  
☐ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☒ Wet  
☐ Rubber Deposits ☐ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KDFW</u> City: <u>Dallas-Fort Worth</u> State: <u>TX</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>19:35</u> Time Zone: <u>CST</u>	<b>Destination</b> Airport ID: <u>KCLT</u> City: <u>Charlotte</u> State: <u>NC</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)  
☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☒ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)  
☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☒ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)  
☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary) <u>4,117</u> Gallons	<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____
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Other Services, If Any, Prior to Departure

# EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Weather Observation Facility

Facility ID: KCLT

Observation Time: 0352Z

Time Zone: Zulu

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

### Source of Weather Information

(Check all that apply)

- ☒ National Weather Service  
☐ Flight Service Station  
☐ TV/Radio  
☐ Automated Report  
☐ Commercial Weather Service (DUATS)

- ☒ Company  
☐ Military  
☐ Internet  
☐ Unknown

### Method of Briefing

(Check all that apply)

- ☐ In Person  
☐ Teletype  
☒ Telephone/Computer  
☐ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

### Briefing Type/Completeness

- ☒ Full  
☐ Partial / Limited By Pilot  
☐ Partial / Limited By Briefer
- ☐ Abbreviated  
☐ Unknown  
☐ Not Pertinent

### Light Condition

- ☐ Dawn  
☐ Day  
☐ Dusk  
☒ Night  
☐ Dark Night  
☐ Bright Night  
☐ Not Reported

### Visibility

\_\_\_\_\_ 0 miles

### Sky/Lowest Cloud Condition

- ☐ Clear  
☐ Few  
☐ Partial Obscuration  
☐ Scattered
- ☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

### Ceiling

- ☐ None (clear)  
☐ Broken  
☒ Overcast
- ☐ Obscured  
☐ Indefinite  
☐ Unknown

### Restriction to Visibility (Check all that apply)

- ☐ None  
☐ Blowing Dust  
☐ Blowing Sand  
☐ Blowing Snow  
☐ Blowing Spray  
☐ Dust
- ☒ Fog  
☐ Ground Fog  
☐ Haze  
☐ Ice Fog  
☐ Smoke  
☐ Unknown

### Lowest Cloud Condition Height

\_\_\_\_\_ ft AGL

### Ceiling Height

100 ft AGL

### Wind Direction

☐ Indicated:  
 \_\_\_\_\_ degrees MAG

☒ Variable

### Wind Speed

Velocity: \_\_\_\_\_ KTS

-or-

- ☒ Calm  
☐ Light and Variable

### Wind Gusts

Velocity: \_\_\_\_\_ KTS

- ☐ Gusting  
☒ Not Gusting

### Type of Turbulence (Check all that apply)

- ☒ None  
☐ Clear Air
- ☐ In Clouds  
☐ Vicinity of Thunderstorm

### Severity of Turbulence

- ☐ Extreme  
☐ Severe
- ☐ Moderate  
☐ Moderate Chop
- ☐ Light

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: 7 (C)  
 or \_\_\_\_\_ (F)

Altimeter Setting: 30.08 in. HG  
 or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: 6 (C)  
 or \_\_\_\_\_ (F)

### Icing Forecast

- Amount  
☒ None  
☐ Trace  
☐ Light
- ☐ Moderate  
☐ Severe

- Type  
☐ Rime  
☐ Clear  
☐ Mixed

### Icing Actual

- Amount  
☒ None  
☐ Trace  
☐ Light
- ☐ Moderate  
☐ Severe

- Type  
☐ Rime  
☐ Clear  
☐ Mixed

### Type of Precipitation (Check all that apply)

- ☒ None  
☐ Rain  
☐ Snow  
☐ Hail  
☐ Rain Showers  
☐ Freezing Rain  
☐ Snow Shower
- ☐ Drizzle  
☐ Ice Pellets  
☐ Snow Pellets  
☐ Snow Grains  
☐ Ice Crystals  
☐ Ice Pellets Shower  
☐ Freezing Drizzle

### Intensity of Precipitation

- ☐ Light  
☐ Moderate  
☐ Heavy

PILOT "A" INFORMATION																																																																																																				
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="checkbox"/> Pilot <input 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																																																																																																				
<b>Pilot "A" Identification</b> First Name: <u>Greg</u> City: <u>Vista</u> Middle Initial: <u>H</u> State: <u>CA</u> ZIP: <u>92084</u> Last Name: <u>Van Duzer</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>58</u> Date of Birth: <u>1951</u> Certificate Number: <u>                    </u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
<b>Pilot Certificate(s) (Check all that apply)</b> <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																																																																																																				
<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <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			<b>Medical Certificate Validity</b> <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<b>Date of Last Medical</b> <u>07/10/2009</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																												
<b>Medical Certificate Limitations</b> No Remarks																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>05/28/2009</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																																
<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<b>Other Aircraft Rating(s) (Check all that apply)</b> <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			<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																												
<b>Type Ratings</b> DC-9						<b>Student Endorsements (Include dates)</b>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make &amp; Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>15,793</td> <td>12,293</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>12,193</td> <td>12,193</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></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>159</td> <td>159</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>73</td> <td>73</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>7</td> <td>7</td> <td></td> <td></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	15,793	12,293									Pilot in Command (PIC)	12,193	12,193									Time as Instructor											This Make/Model											Last 90 Days	159	159									Last 30 Days	73	73									Last 24 Hours	7	7								
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# **PILOT "B" INFORMATION**

## **Pilot "B" Responsibilities at the Time of Accident/Incident**

☐ Pilot    ☒ Co-Pilot    ☐ Student Pilot    ☐ Flight Instructor    ☐ Check Pilot    ☐ Flight Engineer    ☐ Other Flight Crew

## **Pilot "B" Identification**

First Name: Walter

Middle Initial: S

Last Name: Galland

City: San Diego

State: CA

ZIP: 92124

Country: USA

Age at time of Accident/Incident: 51    Date of Birth: 1958

*mm/dd/yyyy*

Certificate Number:                     

## **Degree of Injury**

☒ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☐ Serious

## **Seat Occupied**

☐ Left    ☐ Front    ☐ Unknown  
☒ Right    ☐ Rear  
☐ Center    ☐ Single

## **Seat Belt**

Used ☒ Yes    ☐ No  
 Available ☒ Yes    ☐ No

## **Shoulder Harness**

Used ☒ Yes    ☐ No  
 Available ☒ Yes    ☐ No

## **Pilot Certificate(s) (Check all that apply)**

☐ None    ☐ Student    ☐ Recreational    ☐ Commercial    ☐ Flight Engineer    ☐ Foreign  
☐ Private    ☐ Flight Instructor    ☐ Sport    ☒ Airline Transport    ☐ U.S. Military

## **Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

## **Medical Certificate**

☐ None    ☐ Class 3  
☐ Class 1    ☐ Driver's License (Sport Pilot only)  
☒ Class 2    ☐ Unknown

## **Medical Certificate Validity**

☐ Without limitations/waivers  
☐ With limitations/waivers  
☒ Unknown

## **Date of Last Medical**

03/20/2009

*mm/dd/yyyy*

## **Medical Certificate Limitations**

## **Medical Certificate Waivers**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 09/16/2009  
*mm/dd/yyyy*

## **Flight Review Aircraft**

Make:                     

Model:                     

## **Airplane Rating(s) (Check all that apply)**

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

## **Other Aircraft Rating(s) (Check all that apply)**

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

## **Instrument Rating(s) (Check all that apply)**

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

## **Instructor Rating(s) (Check all that apply)**

☐ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

## **Type Ratings**

## **Student Endorsements (Include dates)**

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	11,251	11,251								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	188	188								
Last 30 Days	52	52								
Last 24 Hours	7	7								



# ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants; complete the following information)

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <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 type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <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
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <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 type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <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
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
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<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

# PASSENGER(S)/OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

FLIGHT 1402/13DEC DFW-CLT ARRIVING AT CLT RUNWAY 36C AT APPROXIMATELY 1045PM LOCAL, IN LOW VISIBILITY CONDITIONS, DRAGGED THE RIGHT WINGTIP ON THE RUNWAY AND HAD THE LEFT MAIN GEAR OFF THE LEFT EDGE OF THE RUNWAY ON LANDING. NO EMERGENCY WAS DECLARED. THE AIRCRAFT TAXIIED TO THE GATE UNDER ITS OWN POWER. NO CREW OR PASSENGER INJURIES WERE REPORTED.

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

Operator/Owner Safety Recommendation

**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**

12/22/2009

mm/dd/yyyy

**Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: Charles Phillip Garner

Title: Sr Administrator, FOQA

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received