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				Date/Time							
		_ State	e: NY	Da	nte: 7/22/2	013	Loc	al Time: 17	:40		
P: 11371 Country: USA				mm/dd/yyyy Time Zone: EDT							
Latitude: 40:46:38 (dd:mm:ss N/S) Longitude:	l:mm:ss E/W)				1111	ie Zone.					
Phase of Operation			100		ollision with O	ther Airci	raft		f In-Flight		
☐ Standing ☐ Takeoff (incl. initial climb) ☐ C☐ Taxi ☐ Climb ☐ N	ruise Ianeuvering				☐ Midair ☐ On-ground			Occurrence			
	pproach	Unknown Von-ground					1	ft MSL			
AIRCRAFT INFORMATION											
Manufacturer: Boeing					Max Gross W	eight:	15	4,500 lbs			
Model: 737-7H4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Weight at Tir	77W (2		4.000		lbs	
Serial Number: 29848	NG		11	- 1	Location of C			100			
Registration Number: N753SW	- Amateur	built:	☐ Yes ☑ No	- 1	AND SHEW COMMENCES. GROOM AND				or datur		
					-or-		Percent N	1ean Aerody	namic Cord (W. S. A. S. C.	
Category of Aircraft Type of Airworthine	ss Certificat	e	Number of S	Sea	its:1	51	Landii	ig Gear	✓ Retrac	table	
☐ Airplane (Check all that apply) ☐ Balloon Standard S	pecial		If Large Aircra	aft	how many seats	for			al landing ge	ar	
Blimp/Dirigible	Restricted				Anne and the second second second	2	Ü	uration that a			
Gurage	Limited				-		☑ Tri	200	24	ilwheel	
Helicopter Acrobatic	Provisional Experimenta							nphibian ergency Flo	⊔ Hi at □ Sk	gh Skid id	
Ultralight	Special Fligh		Passenger	rs: _	1	43_	☐ Flo	at	☐ Sk	i	
Unknown	Light Sport						Hu	ll known		i/Wheel	
Type of Maintenance Program	Last In	snecti	ion Type			Dota Las			7/18/2013		
Annual	0.000						n/dd/yyyy	_			
Conditional (Amateur-built only)	☐ AAII	AAIP Condition			nal Inspection			10.700			
☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP)	☐ Annu	Annual Unknow			Annamero			otal Time: 49,536 hrs asured at (check one)			
Continuous Airworthiness											
Other, specify:	- C4-II W	anning Contant Installed			☐ Last Inspection ☐ Time of Accident/Incident Type of Fire Extinguishing System						
IFR Equipped ☑ Yes □ No □ Unknown		Warning System Installed es □ No □ Unknown			□ None	rire Ext	inguisning	System			
ag res E no E onatoni	W 1cs		O GIRIOW	11		✓ Specify	Halon				
ELT Installed ELT Activated	ELT M	anufa	cturer: N/A								
☐ Yes 🗹 No	Model/S	Series:									
ELT Aided in Locating Accident/Incident	Serial N										
☐ Yes 🕡 No	Battery						Batte	ry Exp. Da	ite:		
	ating Fuel	8000-0	ropeller						-		
Reciprocating Turbo Jet System T	•					N/A					
☐ Turbo Shaft			Fixed Pitch Controllable Pi	itch		turer: N/A	Ĉ				
				-	Model: _	Engine Ra	tod	Т			
						Power Me			Time	Time	
					Date	as (check	10000000	Total	Since	Since	
Engine Engine Manufacturer Model/Serie	N. C.		ufacturer's al Number		of Mfg. mm/dd/yyyy	☐ Horse Ibs of	power o Thrust	Time (hours)	Inspection (hours)	Overhaul (hours)	
Eng. 1 CFM International 56-7B		875394			11/12/1998		24K		18,536	18,536	
Eng. 2 CFM International 56-7B		888893	3		3/11/2002		24k	37,858	14,991	37,858	
Eng. 3											
Eng. 4											

OWNER/OPERATOR IN	FORMATIO	N						
Registered Aircraft Owner		Owner Address						
Name: Southwest Airlines Co.		City: Dallas						
Fractional Ownership Aircraft:	☐ Yes 🔽 No			State: TX Country: USA	ZIP:	75235		
Operator of Aircraft	Same As Registered	Operator Address						
Name:		City:						
Doing Business As: Air Carrier/Operator Designator ('4 Cl C-1	State: ZIP:						
		e):		Country:				
Regulation Flight Conducted U	nder ☐ FAR 91 Special	Flight Public Use (select type)		Revenue Sightseeing Flight ☐ Yes				
☐ FAR 91 ☐ FAR 129 ☐ FAR 103 ☐ FAR 133 ☐ FAR 135 ☐ FAR 125 ☐ FAR 137 ☐	Air Medical Flight Yes No							
Purpose of Flight for FAR 91, 103, 133, 137 (Select of	one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one	e)	Type of Commercia (Check all that apply)	al Oper	rating Certificate Held		
for FAR 91, 103, 133, 137 (Select one) Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application		✓ Scheduled or Commuter Non-Scheduled or Air Taxi Domestic or International ✓ Domestic ☐ International	None ☐ Flag Carrier Operati ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers ☐ Commuter Air Carr ☐ On-Demand Air Ta: ☐ Large Helicopter (1))				
☐ Aerial Observation ☐ Air Drop		Cargo Operation Passenger/Cargo		Rotorcraft External Load (133)				
Air Race / Show		PassengerHow many?		- or - Agricultural Aircraft (137)				
☐ Flight Test☐ Public Use		Cargo lbs		☐ Other Operator of Large Aircraft				
Unknown		Man		Guier operator of Eurge Finoral.				
OTHER AIRCRAFT - CO	DLLISION (I	f air or ground collision occurred, co	mplete t	his section for other a	aircraft			
Aircraft Registration Number	Manufacturer:					age to Other Aircraft		
The state of the s						estroyed		
Registered Owner of Other Airc					Su	Ustantiai 140ne		
First Name:		City:		ZIP:				
Middle Initial:		State:	terri.	ZIP:				
Last Name: Pilot of Other Aircraft		Count	шу					
		O't						
First Name: Middle Initial:		City:		ZIP:				
Last Name:		Count						
MECHANICAL MALFUN	CTION/FAIL	LURE (If more space is needed, co	ntinue o	n separate sheet)				
Was there Mechanical Malfunct						Total Time/Cycles		
(If yes, list the name of the part, manu						On Part		
Accident remains under investigatio	in.					Hours		
						Cycles		
						Time Since This Part Inspected/Overhauled		
						Inspected over native		
						Hours		
DAMAGE TO AIRCRAFT	AND OTH	ER PROPERTY						
Aircraft Damage	Aircraft F			Aircraft Explosion				
☐ None ☑ Substantial ☐ Minor ☐ Destroyed	✓ None ☐ In-Flight ☐ On-Grou	☐ Both Ground and In-Flight ☐ Unknown Origin		▼ None		n Ground and In-Flight nown Origin		

Description of Damage to Aircraft and O Please refer to structure notes provided durin completed.	(100 A) A)	4.50	- T (51%)	e a full evaluat	ion of the acc	ident aircraft has been						
AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)												
	accident/incident occu	irred on appr	540 J 2455	9009 2000								
Airport Identifier: KLGA		_	Distance From	2.5		0.000000						
Airport Name: La Guardia Airport Proximity to Airport			Direction From	3770		Sale Constant Constant						
Approach Segment (Select one)	rip 🛮 On Airport 🔲 (On Airstrip	Airport Elevati	on:		21 ft. MSL						
☐ On Instrument Approach ☐ Crosswind ☐ Downs		e leg Approach	☐ Fin	al orted Landing (a	after touchdow	☐ Go Around						
IFR Approach (Check all that apply)			VFR Approach									
None □ PAR □ ADF/NDB □ Sidestep		Practice GPS	☐ None ☐ Traffic Pattern			op and Go						
☐ SDF ☑ ILS	☐ ASR ☐	Loran	Straight-In	· · · · · · · · · · · · · · · · · · ·	Sin	☐ Touch and Go ☐ Simulated Forced Landing						
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	✓ Visual ☐ Contact	Unknown	☐ Valley/Terrain☐ Go Around	Following		orced Landing recautionary Landing						
☐ TACAN ☐ RNAV	Circling		☐ Full Stop	8	Ur	nknown						
Runway Information	7.004 2 4010	450.0	Condition of Ru ✓ Dry		ng Surface (-Compacted	(Check all that apply) Water-Calm						
Runway ID: 4 (L/R/C) Length:	7,001 ft Width:	<u>150</u> ft	Holes	☐ Snow-	-Crusted	☐ Water-Choppy						
Runway/Landing Surface (Check all that & Asphalt ☐ Grass/Turf ☐ Maca	15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		☐ Ice Covered☐ Rough	☐ Snow- ☐ Snow-		☐ Water-Glassy ☐ Wet						
✓ Concrete ☐ Gravel ☐ Meta	l/Wood 🔲 Unknown	9	Rubber Deposit			Unknown						
FLIGHT ITINERARY INFORMA			☐ Slusii Coveica	☐ veget	ation							
Last Departure Point	Time of Departure	Destination	1		Type Flight	t Plan Filed						
Airport ID: KBNA	Time: 14:33	Airport ID:		<u>~~</u>	☐ None	☐ VFR/IFR						
City: Nashville		City: Flushi	ing		☐ Company ☐ Military V							
State: TN	Time Zone: CDT	State: NY	VF									
Country: USA	307000	Country: US	A		Activated?	Yes No						
Type of ATC Clearance/Service (Check al	!l that apply) ☐ Specia	II IED	□ve	R Flight Followi	ina	Cruise						
□ VFR □ IFR	□ Specia			fic Advisory	ng	Unknown / NA						
Airspace where the accident/incident occ	10 <u></u>	(518)			ALM	ALCONOMIC. WANGE						
☐ Class A ☐ Class E ☐ Class G		nibited Area tricted Area		☐ Jet Training☐ TRSA	Area	☐ Special ☐ Air Traffic Control Area						
Class C Demo Area	☐ Milit	tary Operations		FAR 93		Unknown						
Aircraft Load Description (Check all that a		oort Advisory A	Area									
☐ None ☐ Towing Glider	☐ Para	chutists		Livestock								
✓ Passengers ☐ Towing Banne ☐ Cargo ☐ Other External		er mical/Fertilizer		Unknown								
FUEL & SERVICES INFORMAT			, 000									
Fuel on Board at Last Takeoff	Fuel Type											
(convert from pounds, as necessary)	☐ 80/87 ☐ 100 Low Lead	☐ 115/145 ✓ Jet A	☐ JP3 ☐ JP4	Oth	er, specify							
	100/130	Automotive										
Other Services, if Any, Prior to Departur	e											

EVACUATION OF AIR	CRAFT											
Was an emergency evacuation	on of the aircraft	performe	d?	✓ Yes	No							
Method of Exit - Describe ho	w the occupants e	xited and I	how m	any occupants ev	acuated each	loca	tion					
The R1 and R2 door slides were deployed for egress. The left and right overwing window exits were opened. Videos of the evacuation show passengers using the R1 and R2 door slides and some passengers exiting onto the right wing, however it is not currently known if any passengers used the wing flaps to reach the ground.												
WEATHER INFORMA	TION AT THE	ACCII	DEN	I/INCIDENT	SITE							
Weather Observation Facilit			The same of the sa	ce of Weather In					Method of	Briefing		
Facility ID: LGA	<u> </u>		1000	ck all that apply)			_		(Check all the	at apply)		
Observation Time: 2151 GMT		_		ational Weather Ser light Service Station			☐ Company		☐ In Person☐ Teletype			
Time Zone: EDT			TT	V/Radio			☐ Internet		Telephon			
Distance from Accident Site:		IM		utomated Report ommercial Weather	Service (DUAT	rs)	Unknown	Š	☐ Aircraft F	SOUTH CORN.		
Direction from Accident Site:	degre	ees MAG		William State Control of the Control	00,,,,,,,	,			Unknown			
Briefing Type/Completeness	25.			t Condition					Visibility			
☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Abbreviate☐ Unknown☐ Not Pertine	0.00	Da Da				Dark Night Bright Night Not Reported		7	miles		
Sky/Lowest Cloud Condition		Ceiling						/ieibility	· Chack all th			
Clear	Thin Broken	☐ None (c (clear)			Restriction to Visibility (Check all that app ✓ None ☐ Fog				ан аррну)		
Few Partial Obscuration	Thin Overcast Unknown	☑ Broker ☐ Overca					Blowing Dust		☐ Ground Fog ☐ Haze ☐ Ice Fog			
Scattered	Ulkilowii	- Overca					Blowing Sand Blowing Snow	,				
Lowest Cloud Condition Hei	ght	Ceiling I	Height				Blowing Spray		☐ Smok	æ		
) ft AGL		7,500 ft AGL			Ш	☐ Dust ☐ Unknown					
Wind Direction	Wind Speed			Wind Gusts		Ту	pe of Turbul	ence (Ch	neck all that ap	only)		
✓ Indicated:		8 _{KTS}		Velocity:	KTS	V	✓ None ☐ In Clouds					
40 degrees MAG	-or-			5 8			☐ Clear Air ☐ Vicinity of Thunderstorm					
☐ Variable	☐ Calm ☐ Light and Varia	-1-1 ₋ -	1	Gusting		Severity of Turbulence						
Variable	Light and varia	ble	1	✓ Not Gusting		Extreme Moderate Light Severe Moderate Chop				Light		
NOTAMs (D, L and FDC)	. AIRMETs. SI	GMETs.	PIR	EPs in effect at	the time of							
Convective SIGMET 69E was a			1 11.	el s in chect at	the time of	the	accident/in	Cluciii				
AND AND THE PERSON NAMED IN THE PERSON NAMED I												
	Ic	ing Foreca					Type of Pre	cipitatio	n (Check all t	hat apply)		
Temperature: 25 (C) or 77 (F)		Amoun None	200	Moderate	Type ☐ Rime		✓ None	[Drizzle			
		Trace		Severe	Clear		☐ Rain ☐ Snow	J T	Ice Pellets Snow Pellet	ts		
Altimeter Setting: 29.85 in or 1010.6 M		Light			☐ Mixed	- 1	☐ Hail	į	Snow Grain	าร		
Density Altitude:		ing Actua	ı			_	Rain Show		lce Crystals lce Pellets S			
Dew Point: 22 (C)		Amoun	ıt	(f. d	Type	- 1	Snow Show		Freezing Di	14-14-15-16-14-16-15-16-16-16-16-16-16-16-16-16-16-16-16-16-		
or $\frac{22}{71.6}$ (F)		None Trace		Moderate Severe	☐ Rime ☐ Clear	Ī	Intensity of	Precinit	tation			
] Light			☐ Mixed		□ Light			□ Heavy			

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident ☑ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "A" Identification											
First Name: Margaret Middle Initial: A Last Name: Flynn				Stat	Dallas te: TX untry: US	Z	ZIP: <u>7523</u>	5			
Age at time of Accident/Incident: 49 Date of Birth: Certificate Number: mm/dd/yyyy											
Degree of Injury ☐ None ☐ Fatal ☑ Minor ☐ Unknown ☐ Serious	Right	Front Rear Single	Unknov	wn Seat			□ No □ No	Shoulder H Used Available	arness ✓ Yes ✓ Yes	□ No	
Pilot Certificate(s) (Check all	that apply)										
	ent t Instructor	☐ Recre ☐ Sport		☐ Commerci ✓ Airline Tr			Flight Engir U.S. Militar		☐ Foreign		
☑ Pilot ☐ Other		lass 3	ense (Sport Pilot	t only)	Vithout limi	ificate Va itations/wai ions/waiver	vers	Date of L 01/24/ mm/dd		ıl	
Medical Certificate Limitation MUST WEAR CORRECTIVE LENSE											
Medical Certificate Waivers											
Date of Last Flight Review		Flight	t Review Airc	eraft							
or Equivalent, Including FAR 121/135 Checks:	07/08/2013	Make:	Boeing								
	mm/dd/yyyy	Model:	: 737								
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft R (Check all that apply None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift			opter	_	(Check all i None Airpland Airpland Gyropla Powered	e Single-Eng e Multi-Engi une d Lift	tine	Instrument Instrument Helicopter Glider Sport		
Type Ratings B-737 Student Endorsements (Include dates)											
Flight Time (enter appropriate number of hours in each box)		his Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Insti Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	12,522	7,909	2,331	10,191	2,060	850					
Pilot in Command (PIC)	7,205	2,659	2,103		618	500					
Time as Instructor	2,024		1,724	300	200	150					
This Make/Model	101			101							
Last 90 Days	181	18		181		10					
Last 30 Days	64	64		64		1					

PILOT "B" INFORMATION											
Pilot "B" Responsibilities at the Time of Accident/Incident											
	Student Pilot	Flight In	nstructor	Check Pilot	☐ Flight	t Engineer	Other	Flight Crew			
Pilot "B" Identification											
First Name: Andrew					: Dallas						
Middle Initial: W Last Name: Mann					e: TX		ZIP: <u>75238</u>	<u> </u>			
					ıntry: US						
Age at time of Accident/Incident: 44 Date of Birth: Certificate Number: mm/dd/yyyy											
Degree of Injury	Seat Occupied				Belt		470.00	Shoulder H	NAME OF TAXABLE PARTY.		
☐ None ☐ Fatal ☐ Minor ☐ Unknown		Front Rear	Unknown	u Used Avail			□ No □ No	Used Available	✓ Yes ✓ Yes	□ No □ No	
Serious		Single		111		V 103		Available	103		
Pilot Certificate(s) (Check all	l that apply)										
□ None □ Stude		Recrea		Commercia			Flight Engir		Foreign		
		Sport		Airline Tra	787 Supram		U.S. Militar	<u> </u>		-	
	Medical Certificate ☐ None ☐ Clas	2		4000000000000		tificate Val		Date of La	ast Medica	1	
			nse (Sport Pilot	only) W	Vith limitat	iitations/waiv tions/waivers		12/06/20	- Indead		
	Class 2 Unk		N 5		Inknown			mm/dd/y	vyyy		
Medical Certificate Limitati	ons										
NONE											
WWW. Williams and a second											
Medical Certificate Waivers											
Date of Last Flight Review		Elight	Danier Aire	- 64					1100		
or Equivalent, Including			Review Airc	rait							
FAR 121/135 Checks:	12/2012	***************************************	Boeing								
	mm/dd/yyyy	Model:									
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)	0,,,,		ent Rating(s)		Instructor					
□ None	None	E.	(Check all	l that apply)	1 2	(Check all th ☐ None	iat apply)	П	Instrument A	i-nlone	
✓ Single-Engine Land	Airship		✓ Airpla	ne		☐ Airplane	Single-Engi		Instrument A Instrument H		
Single-Engine Sea	☐ Free Balloon ☐ Glider		☐ Helico	pter	Ī	Airplane	Multi-Engin	ne 🔲 1	Helicopter	•	
✓ Multiengine Land ☐ Multiengine Sea	Gilder Gyroplane		Power	ed Lift		☐ Gyroplan ☐ Powered			Glider Sport		
	Helicopter						Dire		Sport		
Tone Detings	☐ Powered Lift					Ot Jant E.	1	·	The state of the s		
Type Ratings B-737						Student Ei	100rsemen	its (Include da	ites)		
B-131											
	····			so							
Flight Time (enter appropriate	All Thi	is Make	Airplane	Airplane		Insti	rument			Lighter	
number of hours in each box)		Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time	5,200	1,100									
Pilot in Command (PIC)	4,000	0									
Time as Instructor	1,000	0									
This Make/Model	Tanah bana kasa	10 M									
Last 90 Days	200	200									
Last 30 Days	70	70									
Last 24 Hours	5						1		1	1	

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)											
Pilot Name and Address						Degree of In	njury				
First Name: Dale		City: American A	Airlines Pilot			None	☐ Fatal				
Middle Initial:		State:	ZIP:			Minor	Unknown				
Last Name: Johnson		Country:				Serious					
Pilot Certificate(s) (Check all that						Seat Occupi					
□ None □ Student	Recreational	Commercial	Flight Engineer	☐ Foreign		Left	Front				
Private Flight Instructor	Sport	Airline Transport	U.S. Military			☐ Right ☐ Center	☐ Rear ☐ Single				
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight Till of this Accident		L		Ly Come.	Unknown				
ESSENTIAL PRODUCTION CONTRACTOR OF THE PRODUCTION OF THE PRODUCTIO	Lies Line	Of this Action	l/Incluent:	hrs	10 V (1) V (zerik morafest prealität					
Pilot Name and Address						Degree of In	8 (2-8)				
First Name:		City:				☐ None	☐ Fatal				
Middle Initial:		State:	ZIP:			☐ Minor ☐ Serious	Unknown				
Last Name:		Country:				35A7790400A 940044 3400419	E-12.				
Pilot Certificate(s) (Check all that	7.5 .54					Seat Occupi					
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer☐ U.S. Military	☐ Foreign		☐ Left ☐ Right	☐ Front ☐ Rear				
Type Rating/Endorsement for	□ орог	Total Flight Tir				Center	Single				
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accident		hrs		35	Unknown				
Pilot Name and Address		CVID-TVACCOSTERENCES (CASCOSTERENCES)	MARKEMENT SELECTION OF THE SECOND SEC		AND DESCRIPTIONS	Degree of I					
		10 <u>0</u> 20				Degree of In ☐ None	njury □ Fatal				
First Name: Middle Initial:		City:	ZIP:			☐ Minor	Unknown				
Last Name:		State: Country:	ZIP:			Serious					
Pilot Certificate(s) (Check all that	t annly)					Seat Occup	ied				
□ None □ Student	Recreational	☐ Commercial	☐ Flight Engineer	Foreign		☐ Left	Front				
Private Flight Instructor	Sport	☐ Airline Transport	U.S. Military			Right	Rear				
Type Rating/Endorsement for		Total Flight Tir	me at the Time			Center	☐ Single				
Accident/Incident Aircraft?							Unknown				
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)											
PASSENGER(S) / OTHER	PERSONNEL	(Include flight attendar	nts; continue on separat	e sheet if nec	essa	(v)					
PASSENGER(S) / OTHER	PERSONNEL	(Include flight attendar	nts; continue on separat	te sheet if nec			; ury wn				
PASSENGER(S) / OTHER	PERSONNEL	(Include flight attendar	nts; continue on separat				tal rious iury inor jury o Injury				
Name and Address	PERSONNEL		nts; continue on separa	te sheet if nec			Fatal Serious Injury Minor Injury No Injury Unknown				
Name and Address First Name: Concepcion	PERSONNEL	_{City:} Dallas		Seat	Crew Non-	Revenue Revenue Non- Occupant FAA					
Name and Address First Name: Concepcion Middle Initial:	PERSONNEL	City: Dallas State: TX	nts; continue on separat	Seat	Crew Non-	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury Injury No Injury Unknown				
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas	PERSONNEL	City: Dallas State: TX Country: USA		Seat	Crew Non-	Revenue Revenue Non- Occupant FAA					
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas First Name: Tammy	PERSONNEL	City: Dallas State: TX Country: USA City: Dallas	ZIP: 75235	FA-A	Crew	Revenue Revenue Non- Occupant					
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas First Name: Tammy	PERSONNEL	City: Dallas State: TX Country: USA City: Dallas State: TX		Seat	Crew	Revenue Revenue Non- Occupant					
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas First Name: Tammy Middle Initial: Last Name: Akers	PERSONNEL	City: Dallas State: TX Country: USA City: Dallas State: TX Country: USA	ZIP: 75235	FA-A	Crew	Revenue Revenue Non- Occupant					
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas First Name: Tammy Middle Initial: Last Name: Akers First Name: Kelly	PERSONNEL	City: Dallas State: TX Country: USA City: Dallas State: TX Country: USA City: Dallas	ZIP: 75235 ZIP: 75235	FA-A FA-B	Crew						
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas First Name: Tammy Middle Initial: Last Name: Akers First Name: Kelly Middle Initial:	PERSONNEL	City: Dallas State: TX Country: USA City: Dallas State: TX Country: USA City: Dallas State: TX	ZIP: 75235	FA-A FA-B	Crew						
Name and Address First Name: Concepcion Middle Initial: Last Name: Rosas First Name: Tammy Middle Initial: Last Name: Akers First Name: Kelly Middle Initial: Last Name: Shryne	PERSONNEL	City: Dallas State: TX Country: USA City: Dallas State: TX Country: USA City: Dallas State: TX Country: USA City: Dallas City: Dallas State: TX Country: USA	ZIP: 75235 ZIP: 75235 ZIP: 75235	FA-A FA-B	Crew						
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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.
Accident remains under investigation.
N N
DECOMMENDATION (I)
NECOMMENDATION (How could this accident/incident have been prevented?)
RECOMMENDATION (How could this accident/incident have been prevented?) Operator/Owner Safety Recommendation
Operator/Owner Safety Recommendation
Operator/Owner Safety Recommendation Accident remains under investigation.
Operator/Owner Safety Recommendation
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Operator/Owner Safety Recommendation Accident remains under investigation.

ADDITIONAL IN	FORMA	TION (Please type or print in ink)		
Use this space if addit	tional space	is needed for any answers.		
				9
I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BEST OF	MY KNOWLEDGE
Date of this Report		and Name of Pilot/Operator		
03/28/2014	Signature			
mm/dd/yyyy		nt Name: Corrected 6120.1		
		Filing Report if Other than Pilot/Operate	or	
Signature:				
Type or Print Name: Do	ennis Post			
Title: Senior Safety	Investigato	r		
		FOR NTSB	USE ONLY	
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
DCA13FA131		NTSB HE ADDUARTERS	Dennis Tearers	Date Report Received