

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Buena Vista</u> State: <u>CO</u> ZIP: <u>81211</u> Country: <u>USA</u> Latitude: <u>N38 47 17</u> (dd:mm:ss N/S) Longitude: <u>W105 56 30</u> (ddd:mm:ss E/W)		Date/Time Date: <u>4/14/2012</u> Local Time: <u>05:48</u> <i>mm/dd/yyyy</i> Time Zone: <u>GMT</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input checked="" type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence <p align="right"><u>32,000</u> ft MSL</p>

AIRCRAFT INFORMATION

Manufacturer: <u>AIRBUS INDUSTRIE</u> Model: <u>A319-132</u> Serial Number: <u>1088</u> Registration Number: <u>N808AW</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>166,447</u> lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport </td> <td> <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 </td> </tr> </table>	Standard	Special	<input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>133</u> If Large Aircraft, how many seats for: Flight Crew: <u>4</u> Cabin Crew: <u>5</u> Passengers: <u>124</u>	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
Standard	Special						
<input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport	<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						

Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>04/13/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>44,547</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Halon</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____
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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 (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	International Aero Engines	V2524-A5						
Eng. 2	International Aero Engines	V2524-A5						
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>U S BANK NA TRUSTEE</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Boston</u> State: <u>MA</u> ZIP: <u>02110</u> Country: <u>USA</u>
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Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>US AIRWAYS, INC.</u> Doing Business As: <u>US Airways</u> Air Carrier/Operator Designator (4 Character Code): <u>USAA</u>	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Tempe</u> State: <u>AZ</u> ZIP: <u>85281</u> Country: <u>USA</u>
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Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input checked="" type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input checked="" type="checkbox"/> Passenger _____ <u>93</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input 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
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

The passenger oxygen generator above row 15 right was dented. The light covers above row 10 left, 16 right, 18 right, and 19 right were damaged. The oxygen masks dropped at rows 21, 22, and the aft galley. Ceiling panels above the aft galley were damaged. The aircraft exceeded Vmo but no damage was noted by maintenance.

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

Airport Identifier: _____ **Distance From Airport Center:** _____ SM
Airport Name: _____ **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) **VFR Approach** (Check all that apply)
 None PAR MLS Practice None Stop and Go
 ADF/NDB Sideslip LDA GPS Traffic Pattern Touch and Go
 SDF ILS ASR Loran Straight-In Simulated Forced Landing
 VOR/TVOR Localizer Only Visual Unknown Valley/Terrain Following Forced Landing
 VOR/DME LOC-back course Contact Go Around Precautionary Landing
 TACAN RNAV Circling Full Stop Unknown

Runway Information **Condition of Runway/Landing Surface** (Check all that apply)
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft
 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

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point **Time of Departure** **Destination** **Type Flight Plan Filed**
Airport ID: KPHX Time: 0450 Airport ID: KDEN None VFR/IFR
City: Phoenix Time Zone: GMT City: Denver Company VFR IFR
State: AZ State: CO Military VFR Unknown
Country: USA Country: USA VFR **Activated?** Yes No

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

Fuel on Board at Last Takeoff **Fuel Type**
(convert from pounds, as necessary) 80/87 115/145 JP3 Other, specify _____
2,946 Gallons 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

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: Rory City: [REDACTED]
 Middle Initial: D State: [REDACTED] ZIP: [REDACTED]
 Last Name: Higman Country: USA
 Age at time of Accident/Incident: 46 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <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	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>02/21/2012</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Must wear Corrective Lenses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

05/16/2011
mm/dd/yyyy

Flight Review Aircraft

Make: Airbus
 Model: A320

Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings

A/A-320 A/BE-300 A/BE-1900 A/CE-560XL A/DHC-8

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	9,300	5,300								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	141	141								
Last 30 Days	54	54								
Last 24 Hours	1	1								

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

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <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
<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	

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

Pilot Certificate(s) (Check all that apply)		Seat Occupied <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
<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	

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

Pilot Certificate(s) (Check all that apply)		Seat Occupied <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
<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	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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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: <u>Diane</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Ustrud</u> Country: <u>USA</u>	1L	4	□	□	□	□	□	□	□	4	□
First Name: <u>Thomas</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Gauthreaux</u> Country: <u>USA</u>	2L	4	□	□	□	□	□	4	□	□	□
First Name: <u>Sephanie</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Freeman</u> Country: <u>USA</u>	2L	4	□	□	□	□	□	4	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	□	□	□	□	□	□	□	□	□	□

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

On April 14th, 2012 at approximately 0548Z, Flight 496 operating aircraft N808AW from Phoenix, AZ (PHX) to Denver, CO (DEN) encountered severe turbulence on descent into DEN. During the encounter, two flight attendants suffered serious injuries.

Flight 496 departed PHX at approximately 0450Z enroute to DEN with a scheduled arrival time of 0622 Z. There were 93 passengers onboard in addition to 3 flight attendants and 2 pilots. The Captain was the pilot monitoring, and the First Officer (FO) was the pilot flying. Flight 496 was cleared direct LARKS and to descend from FL390 to 17,000 feet. The seatbelt sign was on. During the descent, the Captain turned on the weather radar and noted no returns between the airport and the airplane. At approximately FL320, the Captain noticed the airspeed rapidly increasing, disconnected the autopilot, and began to pitch up while simultaneously notifying the FO. The FO also began to pitch up and the Captain released his sidestick. The airplane began to overspeed, and then encountered severe turbulence. The encounter lasted approximately 10 – 15 seconds, during which, the airplane descended approximately 2,000 feet in altitude. After the encounter, both Elevator and Aileron Computers (ELAC) faulted. The FO resumed pilot flying duties while the Captain performed the appropriate actions to reset ELAC 1 and 2, report the encounter to ATC and Dispatch, and contact the flight attendants.

In the cabin, the A flight attendant (A-FA) was in the forward jumpseat and the B-FA and C-FA were in the aft galley, in their jumpseats, without their seatbelts on. During the encounter, both aft flight attendants were lifted into the ceiling and damaged the overhead panels above them. Two passengers who were not wearing their seatbelts were lifted out of their seats and also damaged the panels above them. The oxygen masks in several rows of seats were also released as a result of the encounter. Two onboard medical personnel tended to the B-FA and C-FA with the assistance of the A-FA.

The Captain declared a medical emergency and arranged for paramedics to meet the flight on arrival. At the gate, paramedics transported the two flight attendants and one of the injured passengers to the hospital.

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

Signature and Name of Pilot/Operator

mm/dd/yyyy

Signature: _____
Type or Print Name: _____

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

Signature: _____
Type or Print Name: Tom Lulkovich
Title: Director, Flight Safety

FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

04/18/2012

Mr. Alberto,

Here is my description of event which took place in regards to Flight 496 from Phoenix to Denver, April 14, 2012.

Upon arriving at the aircraft 808 I reviewed the logbook and release. As the First Officer had not arrived yet I performed the walk around liking to get things looked over as soon as possible. Noting the fuel requirements included an alternate and some hold fuel I reviewed the destination and alternate current and forecast weather. There were no fuel additions for possible turbulence or mountain wave avoidance. Nor were there any dispatcher remarks regarding mountain wave activity on our planned route or altitude avoidance. I also reviewed the turbulence plot on the release in case the flight attendants needed to be made aware of a time when caution should be taken. There were only zero's. Additionally there were no pilot reports of mountain wave. Finishing the walk around I talked with the flight attendants informing them of the alternate on the release and that the weather in Denver would not warrant a diversion. Possible mountain wave was not discussed. Ironically, the last words in the interest of safety I used when talking to the flight attendants were, "Don't get hurt."

The flight proceeded normally until after the descent was initiated into Denver from FL390. The weather was VMC at altitude. We had been cleared direct to the Larks intersection on the arrival and to descend to 17,000 feet. The seat belt sign was on. I had briefed the passengers of the Denver weather and told them we were beginning the descent. First Officer Stackelhouse was the flying pilot. The flight had been smooth the entire time at altitude and was smooth in the descent. Noting some convective activity well to the east I turned on the radar and confirmed there was no radar activity between us and Denver. Approaching FL320 I observed the airspeed increasing rapidly. There was no change in flight path associated with the increase in airspeed. It was clear to me the speed would exceed limits immediately so I called out "overspeed" and disconnected the autopilot and began pitching the nose up. Mr. Stackelhouse followed my actions and knowing he was flying the plane I released the sidestick. We received the overspeed warning and encountered severe turbulence. The jolt to the aircraft was significant. ELAC's 1 and 2 faulted as Mr. Stackelhouse held the wings level and maintained a constant pitch through the jolt. The turbulence ended as quickly as it appeared out of nowhere. The event seemed to take place in a period of ten to fifteen seconds. We were stabilized again at approximately FL300. I told Mr. Stackelhouse to continue to fly the aircraft and I would accomplish ECAM actions which included a successful reset of the ELAC's. Alarmed at the severity and surprise of the event I notified ATC. His response gave the impression that it was the first report he had had. He may have used those words. I then called back to the A flight attendant to access the cabin situation. She said that she was on her jumpseat and was okay but that there were bodies lying in the back galley. The plan was for her to further assess and report back. We continued the descent to Denver and I used ACARS to inform dispatch of the severe wave activity. Several minutes later the A flight attendant reported the B and C attendants were injured with possible broken bones and were being cared for by a Doctor and Nurse. She said they were sitting on their jumpseats when the turbulence hit and had impacted the ceiling. I told her to secure the cabin for landing and to report back when the cabin was ready. By this time we were working with approach control. The flight

remained smooth while in clear air and we only experienced light chop in the clouds on the approach. There was also some light icing which was later reported. Not hearing from the A attendant I called back to verify that she was ready to land and was told that there were additional injuries of two passengers and the severity of the flight attendants was worse than we discussed earlier. We had told the controllers that we needed paramedics at the gate and I also declared a medical emergency with the approach controller. While knowing we were number one for the runway it may not have made much difference to the controller however I wanted to be able to exercise emergency authority if needed. Arriving at the gate we were met by paramedics. The passengers were briefed to remain in their seats until they had a chance to make their way to the aft galley. There were several announcements being made by the Denver agents. The dispatcher requested I call him so I did. He mentioned that there was no warning of the mountain wave activity that he could have passed along. A mechanic was also at close hand and we worked with him to be as informative as possible. When finished with these tasks I made my way past the few remaining passengers to the aft galley. I spoke with both passengers who hit the ceiling. One gentleman (row 10) was returning from the lav and had not yet fastened his seatbelt when the jolt hit, the other (row 19) stated that he just didn't have his on. He had a slight smell of alcohol and I was told that he was going to refuse care initially. I greeted the B and C flight attendants briefly as the paramedics were ready to transport them.

These are the events as I can best remember.



Rory Higman

April 23, 2012

Conrad Alberto, Jr.
Flight Safety Investigator
US Airways
[REDACTED]

Steven Stackelhouse
[REDACTED]

Dear Mr. Alberto,

Here is my description of the incident that occurred on flight 496 on April 14, 2012.

I arrived at the airplane and greeted Captain Higman. He mentioned that he had completed the preflight walk-around already, so I introduced myself to the 2 flight attendants in the forward galley at the time and began my preflight preparations. I had just commuted to Phoenix from Denver on flight 491. Although, there was light rain in Denver when I left, the flight was smooth except for some light chop on the descent into PHX. My expectations for the return flight to Denver were for mostly smooth air.

We had been cleared direct to LARKS intersection and began our descent to 17000 feet. There were no reports from pilots or ATC of turbulence. We were in VMC conditions and had had a smooth flight up to now. Captain Higman had turned the radar on earlier, but I did not see any radar returns between Denver and us. The seatbelt sign was on. As we descended through about 32000 feet Captain Higman noticed increasing airspeed. He called out "increasing airspeed." He turned the autopilot off and began pitching the airplane up. I immediately joined him on the controls and began pitching the airplane up. Captain Higman then relinquished control to me. It was all I could do to maintain a wings level, nose-up attitude. We were really getting tossed about. The episode seemed to last about 10 to 15 seconds. The overspeed warning sounded and ELAC 1 and 2 ECAM messages appeared. We hit severe turbulence due to mountain wave. As we came out the back-side of the turbulence our speed had slowed to around 260 knots with the nose pitched up, yet we were at about 30000 feet; as I recall.

Captain Higman then reaffirmed my duties as flying pilot and asked me to monitor the ATC frequency, while he issued a PIREP, performed ECAM actions and contacted the Flight Attendants and Dispatch. The Captain then declared a medical emergency with ATC as he was made aware of injuries to the Flight Attendants and possibly passengers. We were not in a position, time-wise, to contact med-link. I focused on flying the airplane, getting the descent back on profile and preparing for landing. I do recall that we were not able to accomplish the descent/approach checklist until about 12000 feet, as Captain Higman was extremely busy talking to the A flight attendant, sending ACARS

messages to dispatch, etc. A normal descent and landing occurred and we taxied to the gate where Paramedics were standing by. I briefed the passengers to remain seated until the Paramedics could attend to the injured. Captain Higman also asked me to immediately go to the aft galley and unarm both cabin doors and check on the status of the passengers and flight attendants. I unarmed the two aft doors after climbing over the flight attendants that were laying on the galley floor. The Paramedics quickly arrived and I returned to the cockpit to brief Captain Higman. I then proceeded outside to do my post-flight walkaround, at which point I ran into the mechanic. The mechanic had already been walking around the aircraft. I completed my walkaround and noted that there were no exterior signs of damage. The mechanic and I then proceeded up the jetway to the cockpit. Captain Higman was on the phone with the dispatcher when we arrived. The mechanic and the Captain discussed how and what had occurred and decided on the best course of action. I left the cockpit and began greeting the passengers as they deplaned and tried to make myself as useful as possible to the gate agents and passengers.

These are the events as best I can recall.


Steve Stackelhouse

NTSB
490 L'Enfant Plaza, SW
Washington, DC 20594

To whom it may concern,

Here is my account of the incident of Flight 496 on April 14th. PHX-DEN flight was uneventful with little to no turbulence. About 25 minutes before scheduled landing, I was sitting on my jumpseat in the forward galley. I thought the seat belt sign was off, since it was smooth air and we had not yet started our initial descent, but I have been told that the pilots said it was on. All of a sudden without any warning whatsoever, this came out of NO WHERE - - - BAM !! SEVERE TURBULENCE. The aircraft dipped side to side violently for about 10 seconds. I was not strapped in. I did not fall off my jumpseat - I grabbed the handle by the door to hold on. After the shaking stopped I sat in my jumpseat for about 20 - 30 more seconds - not knowing if I should get up or not at this point in case there were to be more turbulence. I quickly checked on my First Class passengers, and they were alright. I noticed a woman running back to the aft galley and knew something was wrong. When I arrived at the back of the aircraft - the woman, a doctor, was already attending to the 2 Flight Attendants who were laying side by side on the galley floor, and also there was a nurse attending to them also. The Flight Attendants were conscious but obviously in a lot of pain. They had been seated on the jumpseat, hit both their heads on the ceiling which made a huge crack/hole in the ceiling. Then they came crashing down on the floor, and I think he must have landed on her. The doctor and nurse did a phenomenal job in attending to these people. They assured me that they had the situation under control, and I should do what I needed to do at this point in order to prepare for our landing. I then went forward to call the Captain from my front phone because I wanted to quickly assess the cabin and passengers in order to tell the Captain. I called him and reported everything to him. He told me to secure the cabin for landing and he would call me back to verify that we were indeed ready for landing. At this point I walked through the cabin stopping at each row to make sure the passengers were safe. There were 2 passengers who hit their heads: one man on the ceiling and the other young man on the side wall making a big dent in the wall. I got a bag of ice for the one man, and the other younger gentleman said he did not need any ice or anything. I once again confirmed with the doctor and nurse that everything was stable for landing. They stayed seated on the floor next to the Flight Attendants for landing. The Captain called me and asked if the cabin was secure for landing and I assured him it was. I sat in my jumpseat, we landed. At the gate, the paramedics came on board immediately to assess the condition of the Flight Attendants. They determined that we could deplane the passengers, which we did, and then they carried both Flight Attendants on stretchers with neck braces on, off the aircraft. Paramedics attended to the man with the neck injury and he also went to the hospital. The younger man refused medical treatment.

[REDACTED]

Diane Ustrud C [REDACTED] 'A' position Written on April 18, 2012


Wednesday 4/18/12 10:13a.m.

Stephanie Freeman statement regarding F496 14APR 2012 PHX/DEN Tail# 808 Equip. A319

Statement dictated by Stephanie Freeman, recorded by PHX Inflight Supervisor Mary Fosberg. In attendance were Stephanie, AFA EAP Representative Benjamin Gonzalez, and myself. On the phone via conference call was AFA Safety Chair Dauna Slater.

I, Stephanie Freeman am providing my statement below:

I was working the B FA position in the aft galley. There were turbulence communications coming out of PHX to stay seated. We were seated for a little bit, and that was all the turbulence prior to the event that I can remember. I just did the regular level off announcement, fasten seat belt sign. I made another fasten seat belt announcement at the top of descent to remain seated for the duration of the flight. Compliance checks were made after the "remain seated" announcement at the top of descent. The air was smooth while sitting in the jumpseat- it just came out of nowhere, there was no time to react. The Fasten Seat Belt sign was on.

A black rectangular redaction box covers the signature area. A handwritten signature line extends from the right side of the box.

Stephanie Freeman
4/18/12

April 19, 2012

NTSB
490 L'Enfant Plaza, SW
Washington, DC 20594

To whom it may concern,

Flt. 496 PHX- DEN

April 14, 2012

Cabin Crew: (A) Diane Ustrud, (B) Stephanie Freeman, (C) Thomas Gauthreaux

At the top of decent, just before final, I had completed a walk through trash service/compliance check. The seatbelt sign was on. There had been no concerns about the flight during the standard briefing. I sat next to Stephanie in the double rear facing jumpseat. The cabin was prepared. The passengers were in compliance and the seatbelt sign was on. We were waiting for the double ding indicating our final decent into Denver. Shortly after sitting down, I felt a rapid change in the pitch of the plane. The aircraft pointed down and there was an intense vibration and loud rumbling noise. It also felt like we were picking up speed. As the speed increased, it felt like the weight of my own body increased also. This sensation seemed to have lasted about five seconds. We then were catapulted up to the ceiling as if it were the floor. Our heads made a hole in the ceiling. Then within that same second, we smacked down on the floor. Having the wind knocked out of us, we could not move or communicate. There were medical professionals on board who assisted us until the paramedics arrived after landing in Denver. We were then rushed to the Denver hospital with multiple injuries.

Tom Gauthreaux


US Airways Flight Attendant