8.5D

FORM APPROVED FOR USE THROUGH 11/30/90 BY OMB NO. 3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This Form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
MEMPHIS, TN	4-7-94	1545	CST	N/A Feet MSL

If The Accident Occurred On Approach, Takeoff Or Within 3 Miles Of An Airport, Complete The Following Information

Proximity To Airport:

1. ☐ On Airport
2. ☐ Within 1/4 Mile
3. ☐ Within 1/2 Mile
4. ☐ Within 3/4 Mile
5. ☐ Within1 Mile
6. ☐ Within 2 Miles
7. ☐ Within 3 Miles
8. ☒ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface And Conditions:
MEMPHIS INT'L	MEM	1. Direction: 36L 2. Length: 9319 3. Width: 4. Surface: 5. Condition: DRY

Phase Of Operation:

1. ☐ Standing
2. ☐ Taxi
3. ☐ Takeoff
4. ☒ Climb
5. ☐ Cruise
6. ☐ Descent
7. ☐ Approach
8. ☐ Landing
9. ☐ Hover/Maneuver
10. ☐ Altitude Of In-Flight Occurrence _____ Feet MSL

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
306FE	MCDONNEL-DOUGLAS	DC10-30	48287	580000

Type Of Aircraft
1. ☒ Airplane
2. ☐ Helicopter
3. ☐ Glider
4. ☐ Balloon
5. ☐ Blimp/Dirigible
6. ☐ Ultralight
7. ☐ Gyroplane
8. Specify _____

Type Of Airworthiness Certificate
1. ☐ Normal
2. ☐ Utility
3. ☐ Acrobatic
4. ☐ Transport
5. ☐ Restricted
6. ☐ Limited
7. ☐ Experimental
8. Specify _____

Amateur Built
1. ☐ Yes
2. ☐ No

Landing Gear
1. ☒ Tricycle—Fixed
2. ☐ Tricycle—Retractable
3. ☐ Tailwheel—Fixed
4. ☐ Tailwheel—Retractable
5. ☐ Tailwheel—Retractable Mains
6. ☐ Amphibian
7. ☐ Skid
8. ☐ Ski/Wheel
9. Specify _____

No. Of Seats
Flight/Cabin Crew _____
Pax _____

Stall Warning System Installed
1. ☒ Yes
2. ☐ No

IFR Equipped
1. ☒ Yes
2. ☐ No

Engine Type
1. ☐ Reciprocating—Carburetor
2. ☐ Reciprocating—Fuel Injected
3. ☐ Turbo Prop
4. ☐ Turbo Jet
5. ☒ Turbo Fan
6. ☐ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
GENERAL ELECTRIC	CF6-50C2	1. _____ Horsepower 2. _____ Lbs. Thrust	1. ☐ None 2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1	11-1-83	455245	37257 Hours	567 Hours	567 Hours
Engine No. 2	7/19/87	530356	16750 Hours	6227 Hours	6227 Hours
Engine No. 3	7/19/86	528246	17434 Hours	80 Hours	80 Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program
1. ☐ Annual
2. ☐ Manufacturer's Inspection Program
3. ☒ Other Approved Inspection Program (AAIP)
4. ☐ Continuous Airworthiness
5. Specify _____

Type Of Last Inspection
1. ☐ Annual
2. ☐ 100 Hour
3. ☒ AAIP
4. ☐ Continuous Airworthiness

Date Last Inspection Performed 3-16-94 (M/D/Y)
Time Since Last Inspection _____ Hours
Airframe Total Time _____ Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)

Switch 1. ☐ On 2. ☐ Off 3. ☐ Armed
Operated 1. ☐ Yes 2. ☐ No
Aided In Accident Location 1. ☐ Yes 2. ☐ No

Registered Aircraft Owner
FEDERAL EXPRESS, INC
Address PO Box 727
MEMPHIS, TN 38119

Operator Of Aircraft
1. ☒ Same As Registered Owner
2. Name
3. DBS:

Address
1. ☒ Same As Registered Owner
2. _____

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
	FDEA

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1. ☐ FAR 91 (only) 4. ☒ FAR 121 7. ☐ FAR 133
2. ☐ FAR 91D 5. ☐ FAR 125 8. ☐ FAR 135
3. ☐ FAR 103 6. ☐ FAR 129 9. ☐ FAR 137

Purpose Of Flight
1. ☐ Personal 6. ☐ Aerial Observation
2. ☐ Business 7. ☐ Other Work Use
3. ☐ Instructional 8. ☐ Public Use
4. ☐ Executive/Corporate 9. ☐ Ferry
5. ☐ Aerial Application 10. ☐ Positioning

Operator Authority
FAR 121
1. ☐ Domestic
2. ☐ Flag
3. ☐ Supplemental

FAR 135
4. ☐ On Demand
5. ☐ Commuter

FAR 133
6. ☐ Rotorcraft External Load

FAR 125
7. ☐ Large Aircraft

FAR 129
8. ☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1. ☐ Scheduled
2. ☐ Non Scheduled
3. ☐ Domestic
4. ☐ International
5. ☐ Passenger
6. ☒ Cargo
7. Specify _____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
SANDERS, DAVID G	[redacted]	[redacted] FISHERVILLE, TN 38028	USA

Certificate(s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. ☐ None
2. ☐ Private 4. ☒ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____

Rating(s)
1. ☐ None 6. ☐ Helicopter
2. ☐ Single Engine Land 7. ☐ Glider
3. ☐ Single Engine Sea 8. ☐ Free Balloon
4. ☐ Multiengine Land 9. ☐ Airship
5. ☐ Multiengine Sea 10. ☐ Gyroplane

Instrument Rating(s)
1. ☐ None
2. ☒ Airplane
3. ☐ Helicopter

Instructor Rating(s)
1. ☐ None 6. ☐ Instrument Airplane
2. ☐ Airplane S.E. 7. ☐ Instrument Helicopter
3. ☐ Airplane M.E. 8. ☐ Ground Instructor
4. ☐ Helicopter 9. Specify _____
5. ☐ Glider

Type Ratings/Student Endorsements
DA-20 DC-10

Date Of Biennial Flight Review Or Equivalent (M/D/Y)
11-2-93

BFR Aircraft
1. Make _____
2. Model _____

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

Date Of Last Medical (M/D/Y)
3/28/94

Limitations

Waivers

Date Of Birth (M/D/Y)

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

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

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

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☒ Yes
2. ☐ No

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

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		3174								
Pilot In Command (PIC)		2201								
Instructor										
This Make/Model	[redacted]							[redacted]		
Last 90 Days		94								
Last 30 Days		33								
Last 24 Hours										

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

Pilot Name	Pilot Certificate No.	Address	Nationality
TUCKER, JAMES M	[redacted]	[redacted] Collierville, TN 38017	USA

Certificate(s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Military 9. None _____
2. ☐ Private 4. ☒ Airline Transport 6. ☐ Flight Engineer 8. ☐ Foreign 10. Specify _____

Rating(s)
1. ☐ None
2. ☐ Single Engine Land
3. ☐ Single Engine Sea
4. ☒ Multiengine Land
5. ☐ Multiengine Sea
6. ☐ Helicopter
7. ☐ Glider
8. ☐ Free Balloon
9. ☐ Airship
10. ☐ Gyroplane

Instrument Rating(s)
1. ☐ None
2. ☒ Airplane
3. ☐ Helicopter

Instructor Rating(s)
1. ☐ None
2. ☐ Airplane S.E.
3. ☐ Airplane M.E.
4. ☐ Helicopter
5. ☐ Glider
6. ☐ Instrument Airplane
7. ☐ Instrument Helicopter
8. ☐ Ground Instructor
9. Specify _____

Type Ratings/Student Endorsements
LR JET, B727, B737, DC10

Date Of Biennial Flight Review Or Equivalent (M/D/Y)
10/14/93

BFR Aircraft
1. Make _____
2. Model _____

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

Date Of Last Medical (M/D/Y)
10-14-93

Limitations

Waivers

Date Of Birth

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

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

Seat Belt Available
1. ☒ Yes
2. ☐ No

Seat Belt Used
1. ☒ Yes
2. ☐ No

Shoulder Harness Available
1. ☒ Yes
2. ☐ No

Shoulder Harness Used
1. ☒ Yes
2. ☐ No

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

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time		1580								
Pilot In Command (PIC)		186								
Instructor										
This Make/Model										
Last 90 Days		52								
Last 30 Days		17								
Last 24 Hours										

Other Personnel

Name	Seat	Address (City & State)	Crew	Passenger Non-Revenue	Passenger Revenue	Non-Occupant	FAA	Degree Of Injury Fatal	Serious	Minor	None
1.											
2.											
3.											
4.											
5.											
6.											

Last Departure Point
1. Airport ID MEM
2. City/Place MEMPHIS
3. State TENN

Time Of Departure
1. Time 1530
2. Time Zone CST

Destination
1. Airport ID SJC
2. City/Place San Jose
3. State Calif

Flight Plan Filed
1. ☐ None
2. ☐ VFR
3. ☒ IFR
4. ☐ VFR/IFR
5. ☐ Company (VFR)
6. ☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished
N/A

Fuel On Board At Last Takeoff
_____ Gallons
or
96000 Pounds

Fuel Type
1. ☐ 80/87
2. ☐ 100 Low Lead
3. ☐ 100/130
4. ☐ 115/145
5. ☒ Jet A
6. ☐ Automotive
7. Specify _____

Other Services, If Any, Prior To Departure
N/A

Souce Of Weather Infomration (Pilot/Operator, Weather Observation)

Light Condition
1. ☐ Dawn
2. ☒ Daylight
3. ☐ Dusk
4. ☐ Bright Night
5. ☐ Dark Night

Visibility
_____ Miles

Temp (°F)

Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition
		1. ☐ Clear 2. ☐ Scattered _____ Feet AGL 3. ☐ Broken _____ Feet AGL 4. ☐ Overcast _____ Feet AGL 5. ☐ Partial Obscuration 6. ☐ Obscurred

Wind Information	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation
1. Direction _____ 2. Velocity _____ KTS 3. Gusts _____ KTS			1. ☐ Light 3. ☐ Heavy 2. ☐ Moderate 4. Specify _____

Turbulence (Multiple entry)
1. ☐ None 2. ☐ Light 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☐ Clear Air 7. ☐ In Clouds

Degree Of Aircraft Damage	Fire
1. ☐ None 2. ☒ Minor 3. ☐ Substantial 4. ☐ Destroyed	1. ☐ Yes 3. ☐ In-Flight 2. ☐ No 4. ☐ On Ground

Description Of Damage To Aircraft And Other Property
L ER ELEVATORS DAMAGED BEYOND ECONOMICAL REPAIR
R ER WHEEL BEARINGS AS A RESULT OF OVERWEIGHT LANDING INSPECTION

1. ☒ No 2. ☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure	Total Time	
	On Part _____ Hours	At Overhaul _____ Hours

Collision Accident

If Collison Accident Occurred, Complete The Information For Other Aircraft

Registration mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
	N/A		1. ☐ Destroyed 3. ☐ Minor 2. ☐ Substantial 4. ☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Assistance Received
1. ☐ Outside Person(s) 3. ☒ Slide 5. ☐ Ladder
2. ☐ Auxiliary Lighting 4. ☐ Rope 6. ☐ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)
1. Main Door 4 2. Auxiliary Door _____ 3. Emergency Exit _____

Operator/Owner Safety Recommendation (Optional Entry)

For Each Additional Flight Crew Member, Exclusive Of Cabin Attenents Complete The Following Information:

Name	FAA Certificate No.	Address	Title
PETERSON, ANDRE H	[redacted]	OLIVE BRANCH, MS 38654	FLT ENGR

Certificate(s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Foreign
2. ☐ Private 4. ☒ Airline Transport 6. ☐ Flight Engineer 8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
LR JET CL-600	1620	

Name	FAA Certificate No.	Address	Title

Certificate(s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Foreign
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1. ☐ Student 3. ☐ Commercial 5. ☐ Flight Instructor 7. ☐ Foreign
2. ☐ Private 4. ☐ Airline Transport 6. ☐ Flight Engineer 8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Aircraft

D

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If More Space Is Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

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Date Of This Report	Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name _____
3. Title _____

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
ATL94LA077	ATLANTA, GA	Hicks, P.	5/2/94