

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Pilot/operator accident/incident report may be filed by mailing in this form or by entering information in the online reporting system on the NTSB Web site at <<http://www.nts.gov>>. Paper copies of this form may be obtained from the Web site, 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.

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 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.

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 site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident 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

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.

accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

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

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.

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.

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.

Public Use Flight: 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.

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

Air Medical Flight: Indicate whether the 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.

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

Collision Accident: 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.

Pilot Information: Indicate the category that best describes the capacity served by this flight crew member 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 more specific definitions of questions and answers not included above, 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

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>Memphis</u> State: <u>TN</u>		Date: <u>07/28/2006</u> Local Time: <u>1124</u>	
ZIP: <u>38118</u> Country: <u>United States</u>		mm/dd/yyyy	
Latitude: <u>35 01 54N</u> (00:00:00 N/S) Longitude: <u>89 59 12W</u> (000:00:00 E/W)		Time Zone: <u>Central</u>	
Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<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		<input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<u>341</u> ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility		Source of Weather Information <i>(Check all that apply)</i>		Method of Briefing <i>(Check all that apply)</i>	
Facility ID: <u>KMEM</u>		<input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)		<input type="checkbox"/> In Person <input checked="" type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
Observation Time: <u>1453Z</u>		Distance from Accident Site: <u>0</u> NM		Direction from Accident Site: <u>N/A</u> degrees MAG	
Time Zone: <u>GMT</u>		Briefing Type/Completeness		Light Condition	
<input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		<input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		Visibility _____ miles	
Sky/Lowest Cloud Condition		Ceiling		Restriction to Visibility <i>(Check all that apply)</i>	
<input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input checked="" type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		<input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height		Ceiling Height			
<u>4,200</u> ft AGL		<u>6,500</u> ft AGL			
Wind Direction		Wind Speed		Wind Gusts	
<input checked="" type="checkbox"/> Indicated: <u>250</u> degrees MAG <input type="checkbox"/> Variable		Velocity: <u>8</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	
				Type of Turbulence <i>(Check all that apply)</i>	
				<input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	

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

MEM F/I/T Memphis Intl, Memphis, TN, ILS RWY 18R, AMDT...RADAR OR DME REQUIRED.

Temperature: <u>24</u> (C) or _____ (F)		Icing Forecast		Type of Precipitation <i>(Check all that apply)</i>	
Altimeter Setting: <u>3012</u> in. HG or _____ MB		Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light		<input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle	
Density Altitude: _____ ft		Icing Actual		Intensity of Precipitation	
Dew Point: <u>19</u> (C) or _____ (F)		Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light		<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed			
		Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed			

AIRCRAFT INFORMATION

Manufacturer: Boeing (MD Conversion)
 Model: MD10-10F
 Serial Number: 46625
 Registration Number: N391FE Amateur-built: Yes No

Max Gross Weight: 443,000 lbs
 Weight at Time of Accident: 278,654 lbs
 Location of Center of Gravity at Time of Accident:
 -or- 20.6 inches from nose or datum
 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyrocraft
 Helicopter
 Powered lift
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard
 Normal
 Utility
 Acrobatic
 Transport
Special
 Restricted
 Limited
 Provisional
 Experimental
 Special Flight
 Light Sport

Number of Seats: _____
 If Large Aircraft, how many seats for:
 Flight Crew: 2
 Cabin Crew: 0
 Passengers: 1

Landing Gear Retractable
 Check any additional landing gear configuration that applies:
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Unknown

Type of Maintenance Program
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Last Inspection Type
 100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 07/28/2006
mm/dd/yyyy
Airframe Total Time: 73,283 hrs
 hours measured at *(check one)*
 Last Inspection Time of Accident

IFR Equipped
 Yes No Unknown

Stall Warning System Installed
 Yes No Unknown

Type of Fire Extinguishing System
 None
 Specify Engine/APU/Cargo/Hand-Held

ELT Installed Yes No
ELT Activated Yes No

ELT Manufacturer: N/A
Model/Series: _____
Serial Number: _____
Battery Type: _____ **Battery Exp. Date:** _____

ELT Aided in Locating Accident / Incident
 Yes No

Engine Type
 Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type
 Carburetor
 Fuel Injected

Propeller
 Fixed Pitch Controllable Pitch
 Manufacturer: _____
 Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing 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	General Electric	CF6-8D	451368		37500	69,619	2,552	2,552
Eng. 2	General Electric	CF6-8D	451245		37500	74,688	1,041	1,041
Eng. 3	General Electric	CF6-8D	451365		37500	68,843	1,075	1,076
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: FEDERAL EXPRESS CORPORATION
 Fractional Ownership Aircraft: Yes No

Owner Address
 City: Memphis
 State: TN ZIP: 38133
 Country: _____

Operator of Aircraft Same As Registered Owner
 Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Operator Address Same As Registered Owner
 City: _____
 State: _____ ZIP: _____
 Country: _____

Regulation Flight Conducted Under
 FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 133 Non-US, Commercial Federal State Local
 FAR 121 FAR 135 Non-US, Non-commercial Unknown
 FAR 125 FAR 137 Armed Forces

Revenue Sightseeing Flight
 Yes No
Air Medical Flight
 Yes No

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 _____ 1 How many? <input checked="" type="checkbox"/> Cargo _____ 43,595 lbs <input checked="" type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input checked="" 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: _____

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

Airport Identifier: <u>KMEM</u>	Distance From Airport Center: _____ 0 SM
Airport Name: <u>Memphis International Airport</u>	Direction From Airport: _____ N/A degrees MAG
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	Airport Elevation: _____ 341 ft. MSL

Approach Segment (Select one)

<input type="checkbox"/> On Instrument Approach	<input checked="" type="checkbox"/> Landing	<input type="checkbox"/> Base leg	<input type="checkbox"/> Final	<input type="checkbox"/> Go Around
<input type="checkbox"/> Crosswind	<input type="checkbox"/> Downwind	<input type="checkbox"/> Low Approach	<input type="checkbox"/> Aborted Landing (after touchdown)	

IFR Approach (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> MLS	<input type="checkbox"/> Practice
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS
<input type="checkbox"/> SDF	<input checked="" type="checkbox"/> ILS	<input type="checkbox"/> ASR	<input type="checkbox"/> Loran
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Unknown
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Contact	
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Circling	

VFR Approach (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input checked="" type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown

Runway Information

Runway ID: 18R (L/R/C) Length: 9,320 ft Width: 150 ft

Runway/Landing Surface (Check all that apply)

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water
<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood	<input type="checkbox"/> Unknown
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	

Condition of Runway/Landing Surface (Check all that apply)

<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Water-Calm
<input type="checkbox"/> Holes	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Wet
<input checked="" type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft	<input type="checkbox"/> Unknown
<input type="checkbox"/> Slush Covered	<input type="checkbox"/> Vegetation	

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KSEA
 City: Seattle
 State: WA
 Country: United States

Time of Departure

Time: 1257Z
 Time Zone: GMT

Destination

Airport ID: KMEM
 City: Memphis
 State: TN
 Country: United States

Type Flight Plan Filed

None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
 Activated? Yes No

Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident occurred (Check all that apply)

- | | | | | |
|---|---------------------------------------|---|--|---|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class E | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Special |
| <input checked="" type="checkbox"/> Class B | <input type="checkbox"/> Class G | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> TRSA | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> FAR 93 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Airport Advisory Area | | |

Aircraft Load Description (Check all that apply)

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Towing Glider | <input type="checkbox"/> Parachutists | <input type="checkbox"/> Livestock |
| <input checked="" type="checkbox"/> Passengers | <input type="checkbox"/> Towing Banner | <input type="checkbox"/> Water | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Cargo | <input type="checkbox"/> Other External | <input type="checkbox"/> Chemical/Fertilizer/Seeds | |

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

12,248 Gallons

Fuel Type

- | | | | |
|---------------------------------------|---|------------------------------|---|
| <input type="checkbox"/> 80/87 | <input type="checkbox"/> 115/145 | <input type="checkbox"/> JP3 | <input type="checkbox"/> Other, specify _____ |
| <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 | |

Other Services, if Any, Prior to Departure

Aircraft serviced with 8,737 Gallons of Jet A prior to departure.

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

Was there Mechanical Malfunction/Failure? Yes No 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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- | | |
|--------------------------------|---|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Substantial |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Destroyed |

Aircraft Fire

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight |
| <input type="checkbox"/> In-Flight | <input type="checkbox"/> Unknown Origin |
| <input checked="" 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 | |

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

The left wing, all Leading-Edge Slats, Trailing Edge Flaps, and Ailerons received fire and impact damage due to contact with the runway.

The #1 Engine contacted the runway at the aft lower engine cowling and exhaust nozzle while the aircraft was decelerating and partially separated from the aft pylon attach point to the LH wing. The area of contact between the engine and the runway was worn away due to abrading. There was also substantial damage to the engine's fan case and cowling.

The left MLG assembly partially separated directly aft to a point where the left MLG strut was approximately parallel to the lower surface of the wing. The left MLG truck beam, with its associated tire and brake assemblies, was driven upward displacing the LH inboard flap trailing edge beyond its retracted limits.

An unknown amount of Jet A fuel spilled from the LH wing into the grass adjacent to where the airplane came to rest on the left side of the runway.

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

The two crewmembers and the one jumpseat passenger exited through the right forward cabin door via the emergency slide.

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident

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

Pilot "A" Identification

First Name: Jayne City: Counce
Middle Initial: C State: TN ZIP: 38326
Last Name: Akin Country: United States

Age at time of Accident: 57 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input checked="" 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 type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown	Date of Last Medical <u>07/19/2006</u> mm/dd/yyyy
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Medical Certificate Limitations

Unknown

Medical Certificate Waivers

Unknown

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

07/19/2006
mm/dd/yyyy

Flight Review Aircraft

Make: Boeing
Model: MD11

Airplane Rating(s) (Check all that apply) <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) (Check all that apply) <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) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" 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

DS20, B727, DC10, MD10/11

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	11,262	4,402		11,262						
Pilot in Command (PIC)	9,522	4,233		9,522						
Time as Instructor		116								
This Make/Model										
Last 90 Days	116	31		116						
Last 30 Days	31	6		31						
Last 24 Hours	6			6						

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident

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

Pilot "B" Identification

First Name: Andrew City: Seattle
 Middle Initial: D State: WA ZIP: 98106
 Last Name: Macha Country: United States

Age at time of Accident: 38 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" 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 type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown	Date of Last Medical <u>03/01/2006</u> mm/dd/yyyy
--	---	---	--

Medical Certificate Limitations

Unknown

Medical Certificate Waivers

Unknown

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

06/20/2006
 mm/dd/yyyy

Flight Review Aircraft

Make: Boeing
 Model: MD11

Airplane Rating(s) (Check all that apply) <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) (Check all that apply) <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) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input 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

MD11

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	854	244	244							
Pilot in Command (PIC)	300									
Time as Instructor										
This Make/Model										
Last 90 Days	90	90	90							
Last 30 Days	38	38	38							
Last 24 Hours	6	6	6							

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
---	---

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
---	---

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
---	---

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>Jay</u> City: <u>Everett</u> Middle Initial: <u>D</u> State: <u>WA</u> ZIP: <u>98208</u> Last Name: <u>Morrison</u> Country: <u>United States</u>	<u>JS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

FedEx Express Flight 630, N391FE, A Boeing MD10-10F departed Seattle/Tacoma International Airport, KSEA, at 1257 hours GMT. Its destination was Memphis International Airport, KMEM. The takeoff, climb, cruise and descent were uneventful. At 1624 hours GMT, upon landing at KMEM, the left MLG partially separated from the aircraft, which caused a post-impact fire that substantially damaged the LH wing assembly and #1 Engine.

The flight crew and one passenger exited through the forward right door via the emergency slide.

This mishap is currently under investigations.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

The mishap is currently under investigation. There are no recommendations at this time.

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

08/11/2006

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: Alan W. Ray _____

Title: Manager Flight Safety _____

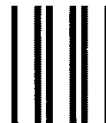
FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received



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FOLLOW ADDRESSING INSTRUCTIONS BELOW

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) REGIONAL OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Regional Offices are located in the following cities:

The complete mailing addresses for NTSB Regional Offices are listed under U.S. GOVERNMENT in the telephone directories of the listed cities, or on the NTSB Web site <<http://www.nts.gov>>.

Anchorage, AK
Arlington, TX
Atlanta, GA
Chicago, IL
Denver, CO

Gardena, CA
Miami, FL
Parsippany, NJ
Seattle, WA
Ashburn, VA

NATIONAL TRANSPORTATION SAFETY BOARD
Office of Aviation Safety