

**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: Houston State: TX  
 ZIP: 77061 Country: USA  
 Latitude: \_\_\_\_\_ (00:00:00 N/S) Longitude: \_\_\_\_\_ (000:00:00 E/W)

**Date/Time**

Date: 05/12/2009 Local Time: 1945  
*mm/dd/yyyy*  
 Time Zone: Central Daylight Sa

**Phase of Operation**

Standing  Takeoff (incl. initial climb)  Cruise  Hover  
 Taxi  Climb  Maneuvering  Other  
 Descent  Landing  Approach  Unknown

**Collision with Other Aircraft**

Midair  
 On-ground  
 None

**Altitude of In-Flight Occurrence**

\_\_\_\_\_ ft MSL

**WEATHER INFORMATION AT THE ACCIDENT SITE**

**Weather Observation Facility**

Facility ID: \_\_\_\_\_  
 Observation Time: 2353  
 Time Zone: Zulu  
 Distance from Accident Site: \_\_\_\_\_ NM  
 Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

*(Check all that apply)*

National Weather Service  Company  
 Flight Service Station  Military  
 TV/Radio  Internet  
 Automated Report  Unknown  
 Commercial Weather Service (DUATS)

**Method of Briefing**

*(Check all that apply)*

In Person  
 Teletype  
 Telephone/Computer  
 Aircraft Radio  
 TV/Radio  
 Unknown

**Briefing Type/Completeness**

Full  Abbreviated  
 Partial / Limited By Pilot  Unknown  
 Partial / Limited By Briefer  Not Pertinent

**Light Condition**

Dawn  Dusk  Dark Night  
 Day  Night  Bright Night  
 Not Reported

**Visibility**

10 miles

**Sky/Lowest Cloud Condition**

Clear  Thin Broken  
 Few  Thin Overcast  
 Partial Obscuration  Unknown  
 Scattered

**Ceiling**

None (clear)  Obscured  
 Broken  Indefinite  
 Overcast  Unknown

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

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

**Lowest Cloud Condition Height**

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

**Ceiling Height**

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

**Wind Direction**

Indicated: \_\_\_\_\_  
140 degrees MAG  
 Variable

**Wind Speed**

Velocity: 11 KTS  
 -or-  
 Calm  Light and Variable

**Wind Gusts**

Velocity: \_\_\_\_\_ KTS  
 Gusting  
 Not Gusting

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

None  In Clouds  
 Clear Air  Vicinity of Thunderstorm

**Severity of Turbulence**

Extreme  Moderate  Light  
 Severe  Moderate Chop

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

NOTAMs: UAR 12/010, HOU 04/001, UAR 03/076, UAR 03/058, UAR 03/040, UAR 03/040, UAR 03/002, HOU 02/147, HOU 02/146, FDC 9/7227, FDC 9/5146, FDC 9/4007, FDC 8/8480, FDC 8/8479, FDC 8/8478, FDC 8/7149

SIGMETs: CONVECTIVE SIGMET 55C, CONVECTIVE SIGMET 56C, CONVECTIVE SIGMET 57C, CONVECTIVE SIGMET 58C, CONVECTIVE SIGMET 59C, CONVECTIVE SIGMET 60C, CONVECTIVE SIGMET 61C, CONVECTIVE SIGMET 62C, CONVECTIVE SIGMET 63C,

AIRMETS: DFWT WA 122045, DFWZ WA 122045,

PIREPS: Enroute, BPT UA /OV BPT /TM 2111/FL350/TP B733/TB LGT

Temperature: \_\_\_\_\_ (C)  
 or 82 (F)

Altimeter Setting: 29.90 in. HG  
 or \_\_\_\_\_ MB

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

Dew Point: \_\_\_\_\_ (C)  
 or 71.1 (F)

**icing Forecast**

**Amount**  
 None  Moderate  
 Trace  Severe  
 Light  
**Type**  
 Rime  
 Clear  
 Mixed

**icing Actual**

**Amount**  
 None  Moderate  
 Trace  Severe  
 Light  
**Type**  
 Rime  
 Clear  
 Mixed

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

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

**Intensity of Precipitation**

Light  Moderate  Heavy

AIRCRAFT INFORMATION																																																						
<b>Manufacturer:</b> <u>BOEING</u> <b>Model:</b> <u>737-3H4</u> <b>Serial Number:</b> <u>26598</u> <b>Registration Number:</b> <u>N371SW</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Max Gross Weight:</b> <u>136,000</u> lbs <b>Weight at Time of Accident:</b> <u>90,600</u> lbs <b>Location of Center of Gravity at Time of Accident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																																	
<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport			<b>Number of Seats:</b> <u>145</u> If Large Aircraft, how many seats for: Flight Crew: <u>4</u> Cabin Crew: <u>4</u> Passengers: <u>137</u>		<b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown																																															
<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown			<b>Date Last Inspection:</b> <u>01/08/2009</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>52,892</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident																																																
<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input type="checkbox"/> Specify _____																																																
<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____																																																			
<b>ELT Aided in Locating Accident / Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<table border="0" style="width:100%;"> <tr> <td style="width:25%; padding: 2px;"> <b>Engine Type</b>  <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         </td> <td style="width:25%; padding: 2px;"> <b>Reciprocating Fuel System Type</b>  <input type="checkbox"/> Carburetor  <input type="checkbox"/> Fuel Injected         </td> <td style="width:25%; padding: 2px;"> <b>Propeller</b>  <input type="checkbox"/> Fixed Pitch  <input type="checkbox"/> Controllable Pitch         </td> <td style="width:25%; padding: 2px;">           Manufacturer: _____            Model: _____         </td> </tr> </table>							<b>Engine Type</b> <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	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch	Manufacturer: _____ Model: _____																																									
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OWNER/OPERATOR INFORMATION																																																						
<b>Registered Aircraft Owner</b> Name: <u>SOUTHWEST AIRLINES CO</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Owner Address</b> City: <u>DALLAS</u> State: <u>TX</u> ZIP: <u>75235</u> Country: <u>USA</u>																																																	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____      ZIP: _____ Country: _____																																																	
<b>Regulation Flight Conducted Under</b> <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					<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																	

<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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: \_\_\_\_\_

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

Airport Identifier: HOU Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: William P. Hobby Airport Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport     Off Airport/Airstrip     On Airport     On Airstrip    Airport Elevation: \_\_\_\_\_ 46 ft. MSL

**Approach Segment (Select one)**

On Instrument Approach     Landing     Base leg     Final     Go Around  
 Crosswind     Downwind     Low Approach     Aborted Landing (after touchdown)

<b>IFR Approach (Check all that apply)</b> <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 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 checked="" type="checkbox"/> Circling	<b>VFR Approach (Check all that apply)</b> <input checked="" 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 type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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**Runway Information**  
 Runway ID: 22 (L/R/C) Length: 7,602 ft Width: 150 ft

<b>Runway/Landing Surface (Check all that apply)</b> <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	<b>Condition of Runway/Landing Surface (Check all that apply)</b> <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 type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
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**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>MSY</u> City: <u>New Orleans</u> State: <u>LA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1830</u> Time Zone: <u>CDT</u>	<b>Destination</b> Airport ID: <u>HOU</u> City: <u>Houston</u> State: <u>TX</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service (Check all that apply)**

None     Special VFR     Special IFR     VFR Flight Following     Cruise  
 VFR     IFR     VFR On Top     Traffic Advisory     Unknown / NA

<b>Airspace where the accident occurred</b> (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 checked="" type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<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"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
<b>Aircraft Load Description</b> (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 type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary)		<b>Fuel Type</b>	
_____ Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145
1,731 Gallons		<input type="checkbox"/> 100 Low Lead	<input checked="" type="checkbox"/> Jet A
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive
		<input type="checkbox"/> JP3	<input type="checkbox"/> JP4
		<input type="checkbox"/> JP5	<input type="checkbox"/> Other, specify _____
<b>Other Services, if Any, Prior to Departure</b>			
<b>MECHANICAL MALFUNCTION/FAILURE</b> (if more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			<b>Total Time/Cycles On Part</b>
			_____ Hours
			_____ Cycles
			<b>Time Since This Part Inspected/Overhauled</b>
			_____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b>		<b>Aircraft Fire</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Substantial	<input type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Destroyed	<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin
		<input checked="" type="checkbox"/> On-Ground	
<b>Aircraft Explosion</b>			
<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			
<b>Description of Damage to Aircraft and Other Property</b> (use additional sheet if necessary)			
Number 1, 3 and 4 tires blown. Fire damage isolated to number 3 tire. Number 4 tire rim ground down approximately 45%. Minor tire debris damage to the RHT inner gear door, RHT inboard fore flap, RHT inboard midflap trailing edge wedge, RHT ground spoiler.			
<b>EVACUATION OF AIRCRAFT</b>			
<b>Was an emergency evacuation of the aircraft performed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location			
Escape slides from L1 and L2 doors.			





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

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

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

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

**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>Karen</u> City: <u>Dallas</u> Middle Initial: <u>A</u> State: <u>TX</u> ZIP: <u>75235</u> Last Name: <u>Hillard</u> Country: <u>USA</u>	FA/A	<input checked="" type="checkbox"/>	<input 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: <u>Constantino</u> City: <u>Dallas</u> Middle Initial: _____      State: <u>TX</u> ZIP: <u>75235</u> Last Name: <u>Ferrer</u> Country: <u>USA</u>	FA/B	<input checked="" type="checkbox"/>	<input 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: <u>Kristen</u> City: <u>Dallas</u> Middle Initial: _____      State: <u>TX</u> ZIP: <u>75235</u> Last Name: <u>Kiehne</u> Country: <u>USA</u>	FA/C	<input checked="" type="checkbox"/>	<input 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: <u>Refer to passenger manifest.</u> 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.

Refer to previously provided Flight Crew statements.

**RECOMMENDATION (How could this accident 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 05/20/2009 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: 

Type or Print Name: Court Goodroe

Title: Manager Operational Safety Investigations, Southwest Airlines Co.

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. CEN091A-294	Reviewed by NTSB Regional Office CENTRAL REGION	Name of Investigator THOMAS J. LARSEN JR	Date Report Received MAY 22 2009
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