## 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 INFORMATIO	N				-					
Accident/Incident Location					Date/Time					
Nearest City/Place: Houston			S	State: TX	Date: 05	5/12/2009 Lo	il Time: 1945			
ZIP: <u>77061</u> Country: <u>USA</u>						/dd/yyyy				
Latitude: (00:00:	00 N/S) Longitude:			(000:00:00 E/W)		Ti	me Zone: Central Daylight Sa			
Phase of Operation         ☐ Standing       ☐ Takeoff (incl. initial climb)       ☐ Cruise         ☐ Taxi       ☐ Climb       ☐ Maneuvering         ☐ Descent       ☑ Landing       ☐ Approach				Collision with Other Aircraft			Altitude of In-Flight Occurrence ft MSL			
WEATHER INFORMA	TION AT THE	ACCII	DEN	T SITE						
Weather Observation Facili	2007		1	rce of Weather	Information	5 C C C C C C C C C C C C C C C C C C C	Method of Briefing			
Facility ID:				ck all that apply)			(Check all that apply)			
Observation Time: 2353				ational Weather light Service Stat			☐ In Person☐ Teletype			
Time Zone: Zulu		_		V/Radio	ion	Internet	☐ Teletype ☐ Telephone/Computer			
Distance from Accident Site:		— ТМ		utomated Report		Unknown	☐ Aircraft Radio			
Direction from Accident Site:		es MAG	ПС	ommercial Weatl	ier Service (DU/	A1S)	☐ TV/Radio ☐ Unknown			
Briefing Type/Completeness			Ligh	t Condition			Visibility			
<b>☑</b> Full	☐ Abbreviate	d	_ D		Dusk	☐ Dark Night				
Partial / Limited By Pilot Partial / Limited By Briefer	☐ Unknown ☐ Not Pertine	nt	<b>☑</b> D	ay 🗍	Night	☐ Bright Night ☐ Not Reported	10_miles			
Sky/Lowest Cloud Condition	1	Ceiling				Restriction to Visib	ility (Check all that apply)			
	Thin Broken	Mone None			bscured	☑ None	☐ Fog			
	Thin Overcast Unknown	☐ Broke ☐ Overc		_	ndefinite Inknown	☐ Blowing Dust ☐ Blowing Sand	☐ Ground Fog ☐ Haze			
☑ Scattered						☐ Blowing Snow	☐ Ice Fog			
Lowest Cloud Condition Hei	ght	Ceiling 1	Height			Blowing Spray	Smoke			
	_ ft AGL		ft AGL			Dust	☐ Unknown			
Wind Direction	Wind Speed		Wind Gusts			Type of Turbulence	Type of Turbulence (Check all that apply)			
✓ Indicated: 140 degrees MAG	Velocity:	1 <sub>KTS</sub>		Velocity:	KTS		n Clouds Vicinity of Thunderstorm			
	☐ Calm			Gusting		Severity of Turbule	nce			
☐ Variable	Light and Varia	ble	☑ Not Gusting			☐ Extreme ☐ Moderate ☐ Light				
						Severe Moderate Chop				
NOTAMs (D, L and FDC)	, AIRMETs, SI	GMETs,	PIRI	EPs in effect	at the time o	f the accident				
NOTAMS: UAR 12/010, HOU 04 9/5146, FDC 9/4007, FDC 8/848	4/001, UAR 03/076 80, FDC 8/8479, FI	, UAR 03/0 DC 8/8478,	058, U , FDC :	AR 03/040, UAI 8/7149	R 03/040, UAR	03/002, HOU 02/147, H	OU 02/146, FDC 9/7227, FDC			
SIGMETs: CONVECTIVE SIGM 59C, CONVECTIVE SIGMET 60	IET 55C, CONVEC IC, CONVECTIVE	TIVE SIGN SIGMET 6	MET 56	SC, CONVECTI ONVECTIVE SI	VE SIGMET 57 GMET 62C, CO	C, CONVECTIVE SIGN	MET 58C, CONVECTIVE SIGMET 3C,			
AIRMETS: DFWT WA 122045, I	OFWZ WA 122045									
PIREPS: Enroute, BPT UA /OV	BPT /TM 2111/FL3	50/TP B73	33/TB I	LGT						
	Iei	ng Foreca	est			Type of Precipit	ation (Check all that apply)			
$\begin{array}{cccc} \textbf{Temperature:} & & & & & & & \\ & & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & \\ & & \\ $	_	Amoun	t _		Туре	✓ None	☐ Drizzle			
	175	None Trace	_	Ioderate evere	☐ Rime ☐ Clear	Rain	Ice Pellets			
Altimeter Setting: 29.90 ir	ı, HG	Light	دي	CVGIC	☐ Clear ☐ Mixed	Snow Hail	☐ Snow Pellets ☐ Snow Grains			
or <i>N</i>	l					—— Rain Showers	☐ Ice Crystals			
Density Altitude:	ft   Ici	ng Actual Amount			Туре	Freezing Rain Snow Shower	☐ Ice Pellets Shower			
Dew Point: (C)		None	$\square$ M	Ioderate	Rime		☐ Freezing Drizzle			
or71.1 (F)		Trace Light	□ S	evere	☐ Clear ☐ Mixed	Intensity of Prec	-			
	4	715111			TT MILKER	☐ Light ☐	Moderate Heavy			

AIR	CRAFTINE	ORMATI	ON		iliye ar								
Manu	facturer: BO	EING					Max Gro	ss We	ight:	13	6,000 lbs	3	
	ı: 737-3H4												
						_	t at Time of Accident: 90,600 lbs on of Center of Gravity at Time of Accident:						
Regist	tration Number	er: <u>N</u> 371SW	<u>'</u>	Amateur-	built:	☐ Yes 🗹 No	inches from nose or datum -or- Percent Mean Aerodynamic Cord (% MAC)						um
Airq Ball Ball Blir Glic Gyr Pow	loon np/Dirigible der ocraft icopter vered lift alight nown	(Check of Standa	ormal Restricted ility Limited crobatic Provisional			If Large Aircraft Flight Crew Cabin Crew	th, how many seats for:    Check any additional lar configuration that applies   Check any additional lar configuration that applies   Tricycle			applies:	gear Failwheel High Skid Skid		
Ann Con	ditional (Amateu	ır-built only)		Last Ins	lour	on Type  Continuous .  Conditional			Date Las	t Inspec	tion:	01/08/2009 m/dd/yyyy	9
☐ Mar ☐ Othe ☑ Con	nufacturer's Insper er Approved Insper tinuous Airworth er, specify:	ection Program ection Program niness	n (AAIP)	Annua	al	Unknown							
	<b>quipped</b> □ No □ I	Unknown	Stall Warning System Inst.  ✓ Yes □ No □ Unknow				ed	Type of Fire Extinguishing System  None Specify					
	nstalled	ELT Activ		ELT Ma	nufact	turer:							
Yes Yes	□ No	Yes 🗸	No										
ELT A	ided in Locat	ing Accident	/ Incident			:							
☐ Yes	☑ No											ate:	
Engine Reci Turb	procating Do Shaft 🔽	Turbo Jet Turbo Fan Unknown	Reciprocatin System Type Carburetor Fuel Injecte	g Fuel	Pro	ppeller Fixed Pitch Controllable Pitch	Manufacturer:						
Engine	Engine Manui	facturer	Engine Model/Series			acturing Number	Date of Mfg. mm/dd/yy	Po as	ngine Ras ower Mes (check o Horsep lbs of	nsured ne) nower or	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1							1	+		******			
Eng. 3							+						
Eng. 4													
		, , , , , , , , , , , , , , , , , , , ,	ORMATION										
Registe	ered Aircraft (	Owner						1 -	er Add				
Name:	SOUTHWES	T AIRLINES	CO					City: DALLAS					
Fraction	nal Ownership	Aircraft:	]Yes □ No					State Cour	: <u>TX</u> :try: US		ZIP: <u>752</u>	235	
Operat	or of Aircraft	<b>✓</b> Sa	me As Registered O	wner					rator A		▼ Same	As Register	ed Owner
	Business As:	Designator (4	Character Code):				_	State	:		ZIP:		
	tion Flight Co									htseeing	Flight		
☐ FAR	91 ∏ FAI	R 129	FAR 91 Special Flig Non-US, Commercial			c Use (select type)				☐ Ye		<b>√</b> No	
☐ FAR ☑ FAR ☐ FAR	121	R 135 🔲	Non-US, Non-comr		Unkn			Air N	Medical	Flight ☐ Ye	es F	<b>Z</b> No	

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Opera for FAR 121, 125.	tion , 129, 135 (Select one)	Type of Commercia (Check all that apply)	l Operating Certificate Held		
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application	✓ Scheduled or C  Non-Scheduled  Domestic or Inter  ✓ Domestic	Commuter I or Air Taxi  national  International	(Check all that apply)  None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135) Large Helicopter (127)			
Air Drop	Cargo Operation  Passenger/Carg		Rotorcraft External I	Load (133)		
☐ Air Race / Show☐ Flight Test	Passenger	How many?	Agricultural Aircraft	(137)		
☐ Public Use ☐ Unknown	Cargo Mail	108	Other Operator of La	arge Aircraft		
OTHER AIRCRAFT - COLLISI	ON (If sir or ground col	lision occurred: complete	this section for <i>other:</i>	aircraft)		
Aircraft Registration Number   Manufa				Damage to Other Aircraft		
3				☐ Destroyed ☐ Minor ☐ Substantial ☐ None		
Registered Owner of Other Aircraft				Substantial 110he		
First Name:		City:				
Middle Initial:		State:	ZIP:			
Last Name: Pilot of Other Aircraft		Country:				
		City				
First Name: Middle Initial:		State:	ZIP:	· · · · · · · · · · · · · · · · · · ·		
Last Name:		Country:				
AIRPORT INFORMATION (If the	e accident occurred on a					
Airport Identifier: HOU				SM		
Airport Name: William P. Hobby Airpo				degrees MAG		
Proximity to Airport    Off Airport/Airs	trip 🔽 On Airport 🔲 Or	n Airstrip Airport Elev	ation:	46 ft. MSL		
Approach Segment (Select one)	[ ] n1		r:	По- А		
☐ On Instrument Approach ☐ Landin☐ Crosswind ☐ Down			Final Aborted Landing (after tot	☐ Go Around uchdown)		
IFR Approach (Check all that apply)   None	LDA G	Practice GPS Loran Unknown   VFR Approa   ✓ None  ☐ Traffic Patte  ☐ Straight-In  ☐ Velley/Terra  ☐ Go Around  ☐ Full Stop		Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing Unknown		
Runway Information				face (Check all that apply)		
Runway ID: 22 (L/R/C) Length:	7,602 ft Width:	ft	☐ Snow-Compa ☐ Snow-Crusted			
Runway/Landing Surface (Check all that  Asphalt Grass/Turf Mac  Concrete Gravel Met  Dirt Ice Snow	adam Water al/Wood Unknown	☐ Ice Covered ☐ Rough ☐ Rubber Dep ☐ Slush Cover	Snow-Wet	☐ Water-Glassy ☐ Wet ☐ Unknown		
FLIGHT ITINERARY INFORMA			- 1			
Last Departure Point	1 '	Destination	i	Flight Plan Filed		
Airport ID: MSY City: New Orleans	Time: 1830	Airport ID: <u>HOU</u> City: Houston		mpany VFR 📝 IFR		
State: LA		State: TX	ston     Military VFR   Unkno			
Country: USA		Country: USA	Activa			
Type of ATC Clearance/Service (Check a	i	-				
-3 P+ (	ll that apply)					

. . .

						<del></del>
Airspace where the acc Class A Class B Class C Class D	cident occurred (C) Class E Class G Demo Area Warning Area		Prohibited Area Restricted Area Military Operations Area (! Airport Advisory Area	MOA)	☐ Jet Training Area ☐ TRSA ☐ FAR 93	Special Air Traffic Control Area Unknown
Aircraft Load Descript ☐ None ☑ Passengers ☐ Cargo	☐ Towing Glider ☐ Towing Banner ☐ Other External	r 🔲	Parachutists Water Chemical/Fertilizer/Seeds	TOTAL OF THE STREET	Livestock Unknown	
FUEL & SERVICE	SINFORMATI	iON				
Fuel on Board at Last (convert from pounds, as ne		Fuel Type    80/87   100 Low Lead   100/130	☐ 115/145  Id ☑ Jet A ☐ Automotive	☐ JP3 ☐ JP4 ☐ JP5	Other, specify	
Other Services, if Any,	Dulan to Departure	***************************************				
					ntinue on separate sh	A.
				ea, con	itinue on separace sur	
Was there Mechanical (If yes, list the name of the p						Total Time/Cycles On Part
						Hours
						Cycles
						Time Since This Part Inspected/Overhauled
						Hours
DAMAGE TO AIR	CRAFT AND O	THER PROP	'ERTY			
Aircraft Damage		raft Fire	<u> </u>		Aircraft Explosion	2000 o di minerano.
☐ None ☐ Substa ☑ Minor ☐ Destro	antial □ No oyed □ In- □ On	one n-Flight n-Ground	Both Ground and In-Flight Unknown Origin	t I	▼ None ☐ Bot	oth Ground and In-Flight oknown Origin
Description of Damage	to Aircraft and Oth	ner Property (use	e additional sheet if necessary	y)		Address of the second s
Number 1, 3 and 4 tires blo RHT inner gear door, RHT	wn. Fire damage isol inboard fore flap, RH	lated to number 3 t T inboard midflap t	tire. Number 4 tire rim grou trailing edge wedge, RHT	and down ground sp	n approximately 45%. Minor ti poller.	re debris damage to the
EVACUATION OF	AIRCRAFT					
Was an emergency evac	cuation of the aircra	aft performed?	✓ Yes □ No			
	=	is exited and how r	many occupants evacuated	d each loc	cation	
Escape slides from L1 and	L2 doors.					

PILOT "A" INFORMA	ATION	0 (5) (6) (5) (5)						30 30 30 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40		
Pilot "A" Responsibilities a			_	_			_			
☑ Pilot ☐ Co-Pilot	Student Pilo	ot L Flight	t Instructor	Check Pilot	☐ Fligh	nt Engineer	Other	r Flight Crew	Out.	
Pilot "A" Identification										
First Name: Tomas					ty: Dalla					
Middle Initial: T Last Name: Journey					ate: <u>TX</u> ountry: Us		ZIP: <u>7523</u>	35		
	40 -		14005							
Age at time of Accident:	46 Date	of Birth:	/1962 mm/dd/yyyy	<u>2</u> C	ertificate l	Number: <u>I</u>				
Degree of Injury	Seat Occu	-	_	į.	at Belt			Shoulder	Harness	
None	Left Right	☐ Front ☐ Rear	Unkn			Yes	□ No	Used	<b>√</b> Yes	□ No
Serious	Center	Single	e	Ava	ailable	<b>▼</b> Yes	☐ No	Available	<b>√</b> Yes	□ No
Pilot Certificate(s) (Check at	ll that apply)			, , , , , , , , , , , , , , , , , , ,				1		
☐ None ☐ Stud			reational	<b>☑</b> Commerc			Flight Engi		Foreign	
<del></del>	ht Instructor	☐ Spo	rt	☑ Airline T			U.S. Milita			
1 1	Medical Certif			1	dical Cer			Date of 1	Last Medic	al
		☐ Class 3 ☐ Driver's Lie	cense (Sport Pile	ot only)	Without lin With limita	iitations/wa tions/waive	iivers re	12/15	5/2008	
	_	Unknown	oense (opore i m		Unknown	CIOIIS/ WHIVE	1.5	mm/de	d/yyyy	
Medical Certificate Limitat	ione									
Must Have Available Glasses For N										
Medical Certificate Waivers	5									
None										
Date of Last Flight Review or Equivalent, Including		Fligl	nt Review Air	eraft						
FAR 121/135 Checks:	02/26/2009	' I	<sub>e:</sub> <u>B737</u>							
	mm/dd/yyyy	Mode	el: <u>300 (simu</u>	lator)						
Airplane Rating(s)	Other Aircra		ł.	nent Rating(s	)		r Rating(s)	)		
(Check all that apply)  ☐ None	(Check all that  ☐ None	apply)	1 '	ll that apply)	1	(Check all	that apply)	_	<b>6</b> -	
Single-Engine Land	Airship		None Airpla			☐ None  ✓ Airplan	e Single-Eng	ine 🗸	Instrument Instrument	
☐ Single-Engine Sea	Free Balloon	n	☐ Helic	opter		✓ Airplan	e Multi-Engi	ne 🗌	Helicopter	rioncopici
✓ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Powe	red Lift		Gyropla  Gyropla			Glider	
	Helicopter					Powere	u Liit		] Sport	
	☐ Powered Lif	ft								
Type Ratings								nts (Include o	dates)	
B737 EMB120					1	April 20, 19	39-November	25,1990		
Flight Time (enter appropriate			Airplane			Inst	rument			
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	18,862	9,500	1,734	17,128	6,000	1,200	102	0	0	0
Pilot in Command (PIC)	7,765	2,700	1,634	6,131	2,000	500	92	0	0	0
Time as Instructor	1,300	0	875	425	100	70	8	0	0	0
This Make/Model					1,000	100	0			
Last 90 Days	205	205	0	205	63	20	0	0	0	0
Last 30 Days	78	78	0	-	22	7	0	0	0	0
Last 24 Hours	ا ما	l n	l n	n	l n	n l	ด รกก	n l	n l	0

PILOT "B" INFORMA			\$ \$4 L\$ L\$ 1.5						F. (5.10)	100000000000000000000000000000000000000
Pilot "B" Responsibilities a			T	70. 151.			<b>—</b> 0.1	Pir L. C		
Pilot  Co-Pilot	Student Pilo	t 📙 Flight	Instructor	Check Pilot	∐ Fligh	t Engineer	U Other	Flight Crew		
Pilot "B" Identification										
First Name: Philip					ty: <u>Dallas</u>					
Middle Initial: A Last Name: Swanson					ate: <u>TX</u> ountry: _US		ZIP: <u>7523</u>	5		
	10		4000							
Age at time of Accident:	40	of Birth:	/1969 mm/dd/yyyy	Ce	ertificate N	lumber:				
Degree of Injury	Seat Occup		_		t Belt			Shoulder		
▼ None ☐ Fatal ☐ Minor ☐ Unknown	☐ Left ☑ Right	☐ Front ☐ Rear	☐ Unknow			<b>√</b> Yes □ Yes	□ No □ No	Used Available	Yes	□ No
Serious	Center	Single		Ava	maoie	res	∐ No	Avanable	☐ Yes	□ No
Pilot Certificate(s) (Check al	l that apply)									
☐ None ☐ Stud			reational	Commerc			] Flight Engi	neer	☐ Foreign	
Private Flig	nt Instructor	Spor	t	Airline Ti	ransport		U.S. Milita			
1 * * 1.	Medical Certif				dical Cer		<del>-</del>	Date of I	Last Medic	aľ
1 (2) * (2)		Class 3	ense (Sport Pilo		Without lim With limitat			03/05/2	2009	
		Unknown	onse (Spore i ne		Unknown	JOHS/ Walve	13	mm/dd	עעעע	
Medical Certificate Limitati	one									
None	ons								•	
110110										
Medical Certificate Waivers	i									
None										
Date of Last Flight Review		Fligh	it Review Air	craft						
or Equivalent, Including FAR 121/135 Checks:	03/11/2009	Make	: Boeing							
	mm/dd/yyyy	— Mode	ı: <u>737</u>							
Airplane Rating(s)	Other Aircra	ft Rating(s)	Instrum	ent Rating(s)	) I	nstructor	Rating(s)		· · · ·	
(Check all that apply)	(Check all that	apply)	(Check at	ll that apply)		Check all t	hat apply)			
☐ None     ☐ Single-Engine Land	☐ None ☐ Airship		None None			None	0:1- E:		Instrument A	
Single-Engine Sea	Free Balloon	n	✓ Airpla ☐ Helica		1 }	Airplane	Single-Engin Multi-Engin	ne 📙 e 🗖	Instrument F Helicopter	lelicopter
Multiengine Land	Glider		Power	•	[	Gyropla:	ne		Glider	
Multiengine Sea	☐ Gyroplane ☐ Helicopter					Powered	Lift		Sport	
	Powered Lif	t								
Type Ratings					S	tudent E	ndorsemen	<b>ts</b> (Include de	ates)	
B-737										
CL-65 EMB120										
	1		Airplane	I	r				1	
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	13,058	3,640	1,334	11,723	2,610	995	85	0	0	0
Pilot in Command (PIC)	6,219	0	1,310	4,900	1,240	620	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					728	364	0			
Last 90 Days	215	215	0	215	43	20	0	0	0	0
Last 30 Days	71	71	0	71	14	7	0	0	0	0
Last 24 Hours	8	8	0	8	1	5	0	0	0	0

ADDITIONAL FLIGHT CRE	W MEMBERS	(Exclusive of cal	oin attendants, con	nplete the	follo	wing inforr	nation)
Pilot Name and Address	***************************************			<del>-</del>		Degree of	
First Name:		City:	_			☐ None	Fatal
Middle Initial:		State:	ZIP:			☐ Minor ☐ Serious	Unknown
Last Name:	T 1	Country:					• 3
Pilot Certificate(s) (Check all that ☐ None ☐ Student	apply)  Recreational	☐ Commercial	Flight Engineer	□ Foreign	_	Seat Occup	pied Front
☐ Private ☐ Flight Instructor	Sport	Airline Transport		☐ Foreigr	1	Right	Rear
Type Rating/Endorsement for	-		ime at the Time	·····		Center	Single
Accident/Incident Aircraft?	Yes No		ıt/Incident:	hrs		ļ	Unknown
Pilot Name and Address	35 c 1940 (1944   1945   1945   1946	i S. C. generatur salam (1920). Pala M. Lunanyo (1920). Para atau S. gan at gan (1920). Para agus			·	Degree of	
First Name:		City:	ZIP:			☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: Last Name:		State:	ZIP:			Serious	
Pilot Certificate(s) (Check all that the				_		Seat Occup	nied
□ None □ Student	Recreational	☐ Commercial	Flight Engineer	Foreign		Left	Front
Private Flight Instructor		☐ Commercial ☐ Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight Ti of this Acciden	me at the Time nt/Incident:	hrs		Center	☐ Single ☐ Unknown
Pilot Name and Address	a esta formación que se esta esta halís esta, les esta	ar var engelska er else brangst e var englikelijek er bloklij ver genydje.			W. P. Wallan	Degree of I	niurv
First Name		City:				☐ None	☐ Fatal
First Name: Middle Initial:		State:	ZIP:			Minor	☐ Unknown
Last Name:		Country:		_		Serious	
Pilot Certificate(s) (Check all that a						Seat Occup	
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	Flight Engineer	☐ Foreign		Left Right	☐ Front ☐ Rear
Type Rating/Endorsement for	□ Sport		me at the Time			Center	Single
	☐ Yes ☐ No		t/Incident:	hrs			Unknown
PASSENGER(S) / OTHER P		į		<del></del>	e she	et if neces	sary)
		į		<del></del>			
PASSENGER(S) / OTHER P		į		on separat			
PASSENGER(S) / OTHER P		(Include flight atte		<del></del>		Revenue Revenue Non-Occupant FAA	
PASSENGER(S) / OTHER P  Name and Address  First Name: Karen		(Include flight atte	endants; continue o	on separate	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
PASSENGER(S) / OTHER P		(Include flight atte		on separate	Crew	Revenue Revenue Non- Occupant	
PASSENGER(S) / OTHER P  Name and Address  First Name: Karen  Middle Initial: A  Last Name: Hillard		City: Dallas State: TX Country: USA	endants; continue o	on separate	Crew	Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
PASSENGER(S) / OTHER P  Name and Address  First Name: Karen  Middle Initial: A  Last Name: Hillard  First Name: Constantino		City: Dallas State: TX Country: USA City: Dallas	endants; continue o	Separato	C C	Revenue Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury S No Injury Unknown
PASSENGER(S) / OTHER P  Name and Address  First Name: Karen  Middle Initial: A  Last Name: Hillard		City: Dallas State: TX Country: USA	endants; continue o	Separato	C C	Revenue Revenue Revenue Non- Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
PASSENGER(S) / OTHER P  Name and Address  First Name: Karen Middle Initial: A Last Name: Hillard  First Name: Constantino Middle Initial: Last Name: Ferrer		City: Dallas State: TX Country: USA  City: Dallas State: TX Country: USA	endants; continue o	FA/B	Crew		
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NARRATIVE HISTORY OF FLIGHT (Please type or	r print in ink)
Describe what occurred in chronological order, circumstances	leading to accident and nature of accident. Describe terrain and include sketch of . 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	ve been prevented?)
Operator/Owner Safety Recommendation	

	INFORMATION (Please type or print in ink)
Use this space if add	ditional space is needed for any answers.
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	of Person Filling Report if Other than Pilot/Operator
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