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: Dubuque Regional Airport State: IA
ZIP: 52003 Country: United States
Latitude: 42:24:07N (dd:mm:ss N/S) Longitude: 90:42:34W (ddd:mm:ss E/W)

Date/Time
Date: 04/03/2011 (mm/dd/yyyy) Local Time: 0730
Time Zone: Central

Phase of Operation
- [x] Standing
- [ ] Takeoff (incl. initial climb)
- [ ] Cruise
- [ ] Hover
- [ ] Taxi
- [ ] Climb
- [ ] Maneuvering
- [ ] Other
- [ ] Descent
- [ ] Landing
- [ ] Approach
- [ ] Unknown

Collision with Other Aircraft
- [ ] Midair
- [ ] On-ground
- [x] None

Altitude of In-Flight Occurrence
_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: EMBRAER
Model: EMB135KL
Serial Number: 145579
Registration Number: 377SK **Amateur-built:** [ ] Yes [x] No

Max Gross Weight: 46,737 lbs
Weight at Time of Accident/Incident: _____ lbs
Location of Center of Gravity at Time of Accident/Incident:
_____ inches from [ ] nose or [ ] datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
- [x] Airplane
- [ ] Balloon
- [ ] Blimp/Dirigible
- [ ] Glider
- [ ] Gyrocraft
- [ ] Helicopter
- [ ] Powered lift
- [ ] Ultralight
- [ ] Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard	Special
[ ] Normal	[ ] Restricted
[ ] Utility	[ ] Limited
[ ] Acrobatic	[ ] Provisional
[x] Transport	[ ] Experimental
	[ ] Special Flight
	[ ] Light Sport

Number of Seats: _____
If Large Aircraft, how many seats for:
Flight Crew: 3
Cabin Crew: 1
Passengers: 44

Landing Gear [x] Retractable
Check any additional landing gear configuration that applies
- [x] 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)
- [x] Continuous Airworthiness
- [ ] Other, specify: _____

Last Inspection Type
- [ ] 100 Hour
- [ ] AAIP
- [ ] Annual
- [x] Continuous Airworthiness
- [ ] Conditional Inspection
- [ ] Unknown

Date Last Inspection: 03/19/2011 (mm/dd/yyyy)

Airframe Total Time: 24,441 hrs
hours measured at: (check one)
- [ ] Last Inspection
- [x] Time of Accident/Incident

IFR Equipped
- [x] Yes
- [ ] No
- [ ] Unknown

Stall Warning System Installed
- [x] Yes
- [ ] No
- [ ] Unknown

Type of Fire Extinguishing System
- [ ] None
- [x] Specify: Halon 1301

ELT Installed
- [x] Yes
- [ ] No

ELT Activated
- [ ] Yes
- [x] No

ELT Aided in Locating Accident/Incident
- [ ] Yes
- [x] No

ELT Manufacturer: Artex
Model/Series: ELT 110-4
Serial Number: 66772
Battery Type: Alkaline-Manganese Dioxide **Battery Exp. Date:** _____

Engine Type
- [ ] Reciprocating
- [ ] Turbo Jet
- [ ] Turbo Shaft
- [x] 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	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as (check one) [ ] Horsepower or [x] lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	Rolls Royce	AE3007A	CAE311697	01/19/2001	7580	23,844		4,917
Eng 2	Rolls Royce	AE3007A	CAE312710	09/20/2004	7580	12,031		12,031
Eng 3								
Eng 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Chautauqua Airlines Inc.

Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address

City: Indianapolis
State: IN ZIP: 46268
Country: United States

Operator of Aircraft ☑ Same As Registered Owner

Name:
Doing Business As:
Air Carrier/Operator Designator (4 Character Code): CHQA

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)*

☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*

☑ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

☑ Domestic ☐ International

Cargo Operation

☐ Passenger/Cargo
☐ Passenger How many?
☐ Cargo lbs
☐ Mail

Type of Commercial Operating Certificate Held
(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)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

Manufacturer:
Model:

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

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

☐ None ☑ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

LH ff2 was hit by jet way, putting a tear in skin along Stgr 15i L=745mm W=40mm & dented skin L=1222mm W=449mm D=13mm with gouge at Fr 11 D=.008 W=14mm L=147mm. TOT probe base sets on an angle fwd side up 1mm & aft side down 2mm. internal frames 9 & 10 and shear clips torn in half Fr 8 shear clips bent Stgr 15L torn in half

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

Airport Identifier: KDBQ

Airport Name: Dubuque Regional

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Distance From Airport Center: _____ SM

Direction From Airport: _____ degrees MAG

Airport Elevation: 1,077 ft. MSL

Approach Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

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

☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KDBQ
City: Dubuque
State: Iowa
Country: United States

Time of Departure

Time: 0730
Time Zone: Central

Destination

Airport ID: KORD
City: Chicago O'Hare
State: Illinois
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)*

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

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☑ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

682 Gallons

Fuel Type

☐ 80/87 ☐ UL94/5 ☐ JP5 ☐ Other, specify: _____
☐ 100LL Low Lead ☑ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP8

Other Services, if Any, Prior to Departure

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: KDBQ
Observation Time: 1153Z / 0653L
Time Zone: Central
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
4,000 ft AGL

Ceiling Height
5,000 ft AGL

Wind Direction
☑ Indicated
130 degrees MAG
☐ Variable

Wind Speed
Velocity: 18 KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: 27 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/incident

DBQ 04/001 DBQ OBST TOWER 1022 (265 AGL) 3.13 NE LGTS OTS (ASR 1210117) TIL 1104171217
DBQ 03/014 DBQ NAV RWY 31 ILS LLZ UNMNT
DBQ 02/084 DBQ NAV RWY 13 ILS LLZ BC UNUSBL BYD 16
DBQ 02/034 DBQ OBST 1126 (50 AGL) 1.1 W LGTS OTS TIL 1105072200
DBQ 08/011 DBQ NAV TACAN 180-265 UNUSBL
FDC 0/8213 DBQ FI/T DUBUQUE REGIONAL, DUBUQUE, IA. VOR RWY 36, AMDT 6... GAPGE FIX MINIMUMS NA EXCEPT FOR AIRCRAFT EQUIPPED WITH SUITABLE RNAV SYSTEM WITH GPS. DBQ DME UNUSABLE BETWEEN 180-265 DEGREES.

Temperature: 9 (C) or 54 (F)
Altimeter Setting: 29.63 in HG or ____ MB
Density Altitude: ____ ft
Dew Point: M3 (C) or ____ (F)

Icing Forecast

Amount		Type
☑ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Icing Actual

Amount		Type
☑ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ 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

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Drew
Middle Initial: M
Last Name: Wilkes

City: St Louis
State: Missouri ZIP: 63101
Country: United States

Age at time of Accident/Incident: 36 Date of Birth: [redacted] *mm dd yyyy*

Certificate Numb[redacted]

Degree of Injury
☑ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☑ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used ☑ Yes ☐ No
Available ☑ Yes ☐ No

Shoulder Harness
Used ☑ Yes ☐ No
Available ☑ Yes ☐ No

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
☑ Pilot
☐ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☑ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity
☑ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical
07/20/2010
mm dd yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/18/2010 *mm dd yyyy*

Flight Review Aircraft
Make: Embraer
Model: 140

Airplane Rating(s) *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☑ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☑ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings
E145

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	6,779	5,335								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		236								
Last 30 Days		75								
Last 24 Hours		7								

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: Charles
Middle Initial: W
Last Name: Eslep

City: Pittsburgh
State: Pennsylvania ZIP: 15237
Country: United States

Age at time of Accident/Incident: 55 Date of Birth: [redacted] (mm dd yyyy)

Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☑ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☑ Right ☐ Rear ☐ Center ☐ Single	Used ☑ Yes ☐ No Available ☑ Yes ☐ No	Used ☑ Yes ☐ No Available ☑ Yes ☐ No

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	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☑ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☑ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	08/26/2010 (mm dd yyyy)

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/11/2009 (mm dd yyyy)

Flight Review Aircraft
Make: Embraer
Model: 145

Airplane Rating(s)	Other Aircraft Rating(s)	Instrument Rating(s)	Instructor Rating(s)
(Check all that apply)	*(Check all that apply)*	*(Check all that apply)*	*(Check all that apply)*
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☑ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport

Type Ratings

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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	4,752	2,352								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		189								
Last 30 Days		79								
Last 24 Hours		4								

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

Pilot Name and Address

First Name ____ City ____
Middle Initial ____ State ____ ZIP ____
Last Name ____ Country ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ____ hrs

Pilot Name and Address

First Name ____ City ____
Middle Initial ____ State ____ ZIP ____
Last Name ____ Country ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ____ hrs

Pilot Name and Address

First Name ____ City ____
Middle Initial ____ State ____ ZIP ____
Last Name ____ Country ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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 Kendall Middle Initial L Last Name Groves	City Chicago State Illinois ZIP 60610 Country		☑	☐	☐	☐	☐	☐	☐	☐	☑	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name Middle Initial Last Name	City State ZIP Country		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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

Prior to departure when the jet bridge was being moved away from the aircraft, the jet bridge wheels were turned parallel to the prevailing wind and the jet bridge was pushed into the aircraft. The jet bridge brakes did not stop the movement of the jet bridge nor did the emergency stop button. The jet bridge and aircraft were chocked and left in their positions until location and extent of damage could be ascertained. Passengers and luggage were then deplaned. Maintenance inspected the aircraft and found that the jet bridge could be moved away from the aircraft. The jet bridge was then pulled away from the aircraft and the aircraft was relocated to a more suitable location for maintenance. American Ops personnel reported that they were able to duplicate the fault when the jet bridge wheels were parallel to the prevailing wind, the jet bridge was being pushed in the direction of the aircraft when it had been parked at the gate.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report	Signature and Name of Pilot/Operator
04/12/2011 (mm dd yyyy)	Signature: _____ Type or Print Name: _____

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

Signature: [redacted]

Type or Print Name: Rosalie M. Bennig

Title: Director of Safety

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NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN11CA290	WEST CHICAGO, IL	SILLIMAN	4/12/11