

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, 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/incident 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.

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.

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.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

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,

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.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

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

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.

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

Public Use: 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.

Air Medical Flight: Indicate whether 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.

PUBLIC USE—See definition above.

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

Other Aircraft – Collision: 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.

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/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident 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 accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember 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 additional definitions of questions and responses, 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 Nearest City/Place: <u>Lubbock</u> State: <u>TX</u> ZIP: <u>79401</u> Country: <u>United States of America</u> Latitude: <u>33:39:35N</u> (dd:mm:ss N/S) Longitude: <u>101:49:01W</u> (ddd:mm:ss E/W) | | Date/Time Date: <u>01/27/2009</u> Local Time: <u>0431</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u> | |
| Phase of Operation <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 | | Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None | Altitude of In-Flight Occurrence _____ ft MSL |

AIRCRAFT INFORMATION

| | |
|---|--|
| Manufacturer: <u>Aerospatiale</u> Model: <u>ATR42-320</u> Serial Number: <u>175</u> Registration Number: <u>N902FX</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: <u>37,258</u> lbs Weight at Time of Accident/Incident: <u>32,717</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|---|--|

| | | | |
|---|---|---|---|
| Category of Aircraft <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 | Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport Special <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 | Number of Seats: <u>3</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>0</u> Passengers: <u>1</u> | Landing Gear <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 |
|---|---|---|---|

| | | |
|---|--|---|
| Type of Maintenance Program <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: _____ | Last Inspection Type <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 | Date Last Inspection: <u>01/26/2009</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>28,764</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|---|--|---|

| | | |
|---|---|--|
| IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Halon Installed and Portable</u> |
|---|---|--|

| | |
|--|---|
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ELT Manufacturer: <u>Honeywell</u> Model/Series: <u>PN 1152-682-1</u> Serial Number: <u>1152682-00472</u> Battery Type: <u>Honeywell</u> Battery Exp. Date: <u>Sept. 2009</u> |
|--|---|

| | | |
|---|--|---|
| Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected | Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>Hamilton Standard</u> Model: <u>14SF-5</u> |
|---|--|---|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|---|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Pratt & Whitney | PW121 | 120623 | Unknown | 2100 SHP | 27,119 | 281 | 1,744 |
| Eng. 2 | Pratt & Whitney | PW121 | 121043 | Unknown | 2100 SHP | 19,845 | 278 | 7,054 |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

OWNER/OPERATOR INFORMATION

| | |
|--|--|
| Registered Aircraft Owner Name: <u>FedEx Express</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Owner Address City: <u>Memphis</u> State: <u>TN</u> ZIP: <u>38118</u> Country: <u>United States of America</u> |
| Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Empire Airlines</u> Doing Business As: <u>Not Applicable</u> Air Carrier/Operator Designator (4 Character Code): <u>COEA</u> | Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Hayden</u> State: <u>ID</u> ZIP: <u>83835</u> Country: <u>United States of America</u> |

| | |
|---|--|
| Regulation Flight Conducted Under <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 | Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 type="checkbox"/> Scheduled or Commuter <input checked="" 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 type="checkbox"/> Passenger _____ How many? <input checked="" type="checkbox"/> Cargo <u>7,339</u> lbs <input 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 |
|--|---|---|

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

| | | |
|---|---|--|
| Aircraft Registration Number Not Applicable | Manufacturer: <u>Not Applicable</u> Model: _____ | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None |
|---|---|--|

Registered Owner of Other Aircraft

First Name: Not Applicable City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: Not Applicable City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

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

| | |
|--|--|
| Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) The aircraft's flaps were selected to 15 degrees but apparently jammed at approximately 5 degrees. The system is under investigation. | 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 type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" 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 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 |
|--|---|--|

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

Aircraft was destroyed. Starboard main landing gear separated from aircraft. Starboard wing substantially destroyed by fire. Starboard propeller destroyed. Midpoint of fuselage directly behind cockpit substantially destroyed by fire.

Aircraft parts strewn from point of touchdown to point of termination. Grooves in turf from the point aircraft left runway to point of termination. Damage to runway lighting at approach end of runway 17 right reported.

No other damage to property noted.

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

Airport Identifier: KLBB

Distance From Airport Center: 1 SM

Airport Name: Lubbock Smith International

Direction From Airport: 330 degrees MAG

Proximity to Airport Off Airport/Airstrip On Airport On Airstrip

Airport Elevation: 3,282 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 Sideslip LDA GPS
 SDF ILS ASR Lorán
 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: 17R (L/R/C) Length: 11,500 ft Width: 150 ft

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

Runway/Landing Surface (Check all that apply)

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

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KAFW
City: Fort Worth
State: TX
Country: United States of America

Time of Departure

Time: 0313
Time Zone: CST

Destination

Airport ID: KLBB
City: Lubbock
State: TX
Country: United States of America

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)
672 Gallons

Fuel Type

80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

Cold weather pre-flight inspections performed by Empire Airlines maintenance personnel.

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

Captain and First Officer exited through the port side, forward cargo door. No other occupants were aboard.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | | |
|--|--|---|--|---|--|
| Weather Observation Facility Facility ID: <u>KLBB</u> Observation Time: <u>0408</u> Time Zone: <u>CST</u> Distance from Accident Site: _____ <u>1</u> NM Direction from Accident Site: _____ <u>330</u> degrees MAG | | Source of Weather Information <i>(Check all that apply)</i> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS) | | Method of Briefing <i>(Check all that apply)</i> <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 | |
| Briefing Type/Completeness <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent | | Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported | | Visibility _____ <u>2</u> miles | |
| Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Scattered | | Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Unknown | | Restriction to Visibility <i>(Check all that apply)</i> <input 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 checked="" type="checkbox"/> Unknown | |
| Lowest Cloud Condition Height _____ ft AGL | | Ceiling Height _____ <u>500</u> ft AGL | | | |
| Wind Direction <input checked="" type="checkbox"/> Indicated: _____ <u>20</u> degrees MAG <input type="checkbox"/> Variable | | Wind Speed Velocity: _____ <u>13</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable | | Wind Gusts Velocity: _____ <u>19</u> KTS <input checked="" type="checkbox"/> Gusting <input 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/incident LBB 01/010, LBB 09/034, LBB 09/035, LBB 01/012, LBB 01/013, LBB 01/014, LBB 01/016 FDC 7/0427, FDC 7/0424, FDC 8/1206, FDC 8/1969, FDC 7/0426 AIRMET ZULU, AIRMET TANGO, AIRMET SIERRA "No recent PIREPS for Lubbock" | | | | | |
| Temperature: _____ <u>-8</u> (C) or _____ (F) Altimeter Setting: _____ <u>3012</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ <u>-9</u> (C) or _____ (F) | | Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Mixed | | Type of Precipitation <i>(Check all that apply)</i> <input 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 checked="" type="checkbox"/> Freezing Drizzle | |
| | | Icing Actual Amount <input type="checkbox"/> None <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Mixed | | Intensity of Precipitation <input type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> 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: Rodney
 Middle Initial: N
 Last Name: Holberton

City: Portland
 State: OR ZIP: 97238
 Country: United States of America

Age at time of Accident/Incident: 52 Date of Birth: [REDACTED] Certificate Number: [REDACTED] **+**
mm/dd/yyyy

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

09/19/2008
mm/dd/yyyy

Medical Certificate Limitations

Holder shall possess glasses for near/intermediate vision.

Medical Certificate Waivers

None

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

09/22/2008
mm/dd/yyyy

Flight Review Aircraft

Make: Aerospatiale
 Model: ATR 42

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
 Instrument Airplane
 Airplane Single-Engine
 Instrument Helicopter
 Airplane Multi-Engine
 Helicopter
 Gyroplane
 Glider
 Powered Lift
 Sport

Type Ratings

ATR42, ATR72, F27, English Proficient

Student Endorsements (Include dates)

Not Applicable

| 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 | 13,935 | 2,052 | 8,272 | 5,663 | 2,979 | 1,290 | 168 | | | |
| Pilot in Command (PIC) | 12,742 | 1,896 | 8,235 | 4,413 | 2,370 | 1,250 | 110 | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | 841 | 76 | 8 | | | |
| Last 90 Days | 55 | 55 | | 55 | 30 | 2 | | | | |
| Last 30 Days | 13 | 13 | | 13 | 5 | 1 | | | | |
| Last 24 Hours | 5 | 5 | | 5 | 5 | 1 | | | | |

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: Heather City: Puyallup
 Middle Initial: N State: WA ZIP: 98375
 Last Name: Cornell Country: United States of America
 Age at time of Accident/Incident: 26 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

| | | | |
|---|---|---|--|
| Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input 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 |
|---|---|---|--|

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 checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | Date of Last Medical <u>12/04/2008</u> mm/dd/yyyy |
|--|--|---|--|

Medical Certificate Limitations
 None

Medical Certificate Waivers
 None

| | |
|--|---|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/10/2008</u> mm/dd/yyyy | Flight Review Aircraft Make: <u>Aerospatiale</u> Model: <u>ATR42</u> |
|--|---|

| | | | |
|---|---|---|---|
| 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"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport |
|---|---|---|---|

| | |
|--|---|
| Type Ratings ATR42, ATR72, SIC Privileges Only | 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 | 2,109 | 130 | 1,855 | 253 | 147 | 34 | 129 | | | |
| Pilot in Command (PIC) | 1,890 | | 1,793 | 95 | 92 | 20 | 129 | | | |
| Time as Instructor | 1,508 | | 1,433 | 75 | 60 | 10 | | | | |
| This Make/Model | | | | | 51 | 14 | 30 | | | |
| Last 90 Days | 90 | 88 | 2 | 88 | 44 | 11 | | | | |
| Last 30 Days | 29 | 29 | | 29 | 24 | 3 | | | | |
| Last 24 Hours | 5 | 5 | | 5 | 5 | 2 | | | | |

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

| | | |
|--|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: <u>Not Applicable</u> | 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 |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <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"/> Left <input type="checkbox"/> Front |
| <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"/> Right <input type="checkbox"/> Rear |
| 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 | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| | | <input type="checkbox"/> Unknown |

| | | |
|--|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: <u>Not Applicable</u> | 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 |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <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"/> Left <input type="checkbox"/> Front |
| <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"/> Right <input type="checkbox"/> Rear |
| 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 | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| | | <input type="checkbox"/> Unknown |

| | | |
|--|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: <u>Not Applicable</u> | 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 |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <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"/> Left <input type="checkbox"/> Front |
| <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"/> Right <input type="checkbox"/> Rear |
| 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 | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| | | <input type="checkbox"/> Unknown |

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 Injury | Serious Injury | Minor Injury | No Injury | Unknown |
|-----------------------------------|------|------|-------------|---------|--------------|-----|--------------|----------------|--------------|-----------|---------|
| First Name: <u>Not Applicable</u> | | | | | | | | | | | |
| 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.

The flight crew showed approximately 1 (one) hour prior to the departure of flight 8284 from KAFW to KLBB. The crew completed the preflight inspection of the aircraft. The Captain requested that Company maintenance personnel conduct a cold-weather preflight inspection of the aircraft. The inspection was performed using ground service equipment capable of extending high enough to inspect the vertical and horizontal stabilizers. The aircraft was found to be free of contaminants.

The aircraft was loaded with cargo, the paperwork was completed, and normal checklists were performed by the crew. The aircraft taxied out for departure approximately 10 (ten) minutes early. They departed at 0313 CST and the climb out to altitude was normal. The Captain reports that at flight level 180, they witnessed the accretion of moderate rime ice. The crew initiated level 3 ice protection and completed the icing checklist. After approximately 20 to 25 minutes the crew elected to descend to flight level 140 where ice accretion stopped and ice that had accumulated on the aircraft began to shed.

At approximately 40 miles from KLBB, the crew initiated their descent. The crew reports that at the time they initiated their descent, most of the ice on the aircraft had sublimated or had been removed by the aircraft's deice boots. At the direction of ATC, the crew initiated several altitude and heading changes before a turn onto the final approach course was made for the ILS to runway 17R. Just prior to FAF and intercepting the glide slope, "Flaps 15" and "Gear Down Check" were called for and performed. At this point, the Captain reports the autopilot was still engaged.

The Captain then noticed that while the flap handle was in flaps 15 position, the indicator showed no flap deployment. The Captain checked the flap handle to ensure it was in the 15 degree detent position and it was. He notified the First Officer (the flying pilot) of the discrepancy and using his flashlight, checked the circuit breaker panel overhead and behind the First Officer's seat to see if any had popped. He reported that he had not run his hand over the panel to help detect any that had popped. He detected no popped circuit breakers. He then moved the handle to the closest detent to the flap position noted on the indicator to prevent an untimely deployment of the flaps.

The Captain then asked his First Officer if she preferred that he complete the landing. She indicated that she did and the Captain called out that he had control of the aircraft. The transfer of aircraft control occurred concurrently with the 1000 foot call out. Upon assuming control, the Captain found the aircraft autopilot was no longer coupled and the aircraft was slightly off course to the right and slightly high. The Captain made the appropriate corrections and he reports simultaneously breaking out to see the approach lights and runway while receiving a "terrain ahead" call out. This was followed shortly thereafter by the stick shaker to which the Captain responded by adding power. The aircraft briefly seemed to be flying normally but was followed by the stick shaker a second time. The Captain once again added power.

The Captain reports that just prior to reaching the threshold and prior to impact, the aileron control made several violent oscillations. The aircraft reportedly landed just short of the runway destroying several approach lights before the starboard landing gear became detached. The aircraft skidded down the runway and departed the runway to the right. The aircraft skidded approximately 1800 feet before coming to rest at the edge of a slight rise in the terrain. The Captain began to pull aircraft power and the "T" handles. The First Officer removed the overhead escape hatch. Due to fire on the starboard side of the aircraft, the Captain and First Officer elected not to use the escape hatch and successfully escaped through the front, port side cargo door. The crew ran from the aircraft toward the FedEx facility nearby. FedEx personnel contacted local EMS and the crew was transported to the local hospital.

We believe the NTSB is in possession of debris mapping performed by the Federal Bureau of Investigation.

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

Operator/Owner Safety Recommendation

The operator has no recommendations at this time. The operator will continue to work closely with all parties to the investigation to identify causal factors that can be mitigated to prevent a recurrence.

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 02/04/2009 <i>mm/dd/yyyy</i> | Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____ |
|---|--|

| |
|---|
| Signature of Person Submitting Report if Other than Pilot/Operator Signature: _____ Type or Print Name: Richard A. Mills Title: Director of Safety and Compliance - Empire Airlines |
|---|

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| | | | |
|-----------------------------------|---|-----------------------------|-----------------------------|
| NTSB Accident/Incident No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received |
|-----------------------------------|---|-----------------------------|-----------------------------|