

**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: SCORE Intersection State: _____
 ZIP: _____ Country: Japan/International Water
 Latitude: 35:53.6 N (dd:mm:ss N/S) Longitude: 143:52.3 E (ddd:mm:ss E/W)

Date/Time

Date: 04/11/2011 Local Time: 16:00
mm/dd/yyyy
 Time Zone: Japan Std Time

Phase of Operation

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

Collision with Other Aircraft

Midair
 On-ground
 None

Altitude of In-Flight Occurrence

24,000 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Boeing
 Model: 777-200
 Serial Number: 32880
 Registration Number: N766AN Amateur-built: Yes No

Max Gross Weight: 648,000 lbs
 Weight at Time of Accident/Incident: 550,800 lbs
 Location of Center of Gravity at Time of Accident/Incident:
 _____ inches from nose or datum
 -or- 30.5 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

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

Type of Airworthiness Certificate
(Check all that apply)

Standard **Special**
 Normal Restricted
 Utility Limited
 Acrobatic Provisional
 Transport Experimental
 Special Flight
 Light Sport

Number of Seats: _____

If Large Aircraft, how many seats for:

Flight Crew: 4
 Cabin Crew: 12
 Passengers: 247

Landing Gear Retractable

Check any additional landing gear configuration that applies:

Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Unknown

Type of Maintenance Program

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

Last Inspection Type

100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: _____

mm/dd/yyyy

Airframe Total Time: 33,558 hrs

hours measured at *(check one)*

Last Inspection Time of Accident/Incident

IFR Equipped

Yes No Unknown

Stall Warning System Installed

Yes No Unknown

Type of Fire Extinguishing System

None
 Specify _____

ELT Installed

Yes No

ELT Activated

Yes No

ELT Manufacturer: _____

Model/Series: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Engine Type

Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type

Carburetor
 Fuel Injected

Propeller

Fixed Pitch
 Controllable Pitch

Manufacturer: _____

Model: _____

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input checked="" type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Rollis Royce | Trent 892 | 51213 | | 90,000 | 37,933 | | |
| Eng. 2 | Rollis Royce | Trent 892 | 51267 | | 90,000 | 40,981 | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

OWNER/OPERATOR INFORMATION

| | |
|---|--|
| Registered Aircraft Owner Name: <u>American Airlines</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Owner Address City: <u>Fort Worth</u> State: <u>TX</u> ZIP: <u>76155</u> Country: <u>USA</u> |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>American Airlines</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>AALA</u> | Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: <u>Fort Worth</u> State: <u>TX</u> ZIP: <u>76155</u> Country: <u>USA</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 checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> International Cargo Operation <input checked="" type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft |
|--|--|---|

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

| | | |
|---|-------------------------------------|--|
| Aircraft Registration Number _____ | Manufacturer: _____ Model: _____ | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None |
| Registered Owner of Other Aircraft | | |
| First Name: _____ | City: _____ | |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| Pilot of Other Aircraft | | |
| First Name: _____ | City: _____ | |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |

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

| | |
|--|--|
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) | Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours |
|--|--|

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

| | | |
|--|---|--|
| Aircraft Damage <input checked="" type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed | Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground | Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground |
|--|---|--|

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

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ 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 Stop and Go
 ADF/NDB Sidestep LDA GPS Touch and Go
 SDF ILS ASR Loran Simulated Forced Landing
 VOR/TVOR Localizer Only Visual Unknown Valley/Terrain Following Forced Landing
 VOR/DME LOC-back course Contact Go Around Precautionary Landing
 TACAN RNAV Circling 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: <u>NRT</u> City: <u>Narita</u> State: _____ Country: <u>Japan</u> | Time of Departure Time: <u>0620</u> Time Zone: <u>Zulu</u> | Destination Airport ID: <u>LAX</u> City: <u>Los Angeles</u> State: <u>CA</u> Country: <u>USA</u> | Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|---|

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)
 _____ 23,676 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

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: <u>RJAA</u> Observation Time: <u>0630</u> Time Zone: <u>Zulu</u> Distance from Accident Site: <u>270</u> NM Direction from Accident Site: <u>approx 080</u> degrees MAG | Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown | Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Unknown |
|---|--|--|

| | | |
|---|--|----------------------------------|
| Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent | Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input checked="" type="checkbox"/> Not Reported | Visibility _____ miles |
|---|--|----------------------------------|

| | | |
|--|---|---|
| Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown | Ceiling <input type="checkbox"/> None (clear) <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Unknown | Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input checked="" type="checkbox"/> Unknown |
| Lowest Cloud Condition Height _____ ft AGL 3,000 ft AGL | Ceiling Height _____ ft AGL | |

| | | | |
|--|--|--|---|
| Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG 120 degrees MAG <input checked="" type="checkbox"/> Variable | Wind Speed Velocity: _____ KTS 11 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting | Type of Turbulence (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input checked="" type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input checked="" type="checkbox"/> Severe <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light |
|--|--|--|---|

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

- RJAA/NRT - NARITA INTL

- RUNWAY -
 -- RWY 16R/34L-CLSD DUE TO MAINT
 SCHEDULE: 1430-2020
 01APR11/1430 30APR11/2020 RJAA A1392/11

-- RWY 16L/34R-CLSD DUE TO MAINT
 RMK/EXC EMERG ACFT WITH PRIOR PERMISSION AT LEAST 1HR BFR
 SCHEDULE: 1430-2020
 01APR11/1430 30APR11/2020 RJAA A1393/11

| | | |
|--|---|--|
| Temperature: _____ 17 (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ 1004 MB Density Altitude: _____ ft Dew Point: _____ 5 (C) or _____ (F) | Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle |
| | Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed | Intensity of Precipitation <input type="checkbox"/> Light <input 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: Frederick
 Middle Initial: E
 Last Name: Rich

City: Gilbert
 State: AZ ZIP: 85234
 Country: USA

Age at time of Accident/Incident: 61 Date of Birth: 50
mm/dd/yyyy Certificate Number: _____

| | | | |
|---|---|--|---|
| Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single | Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Shoulder Harness Used <input 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 type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown | Date of Last Medical <u>04/01/11</u> <small>mm/dd/yyyy</small> |
|--|---|---|---|

Medical Certificate Limitations

Medical Certificate Waivers

| | |
|--|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/26/2010</u> <small>mm/dd/yyyy</small> | Flight Review Aircraft Make: _____ Model: _____ |
|--|--|

| | | | |
|--|---|---|---|
| Airplane Rating(s) <small>(Check all that apply)</small> <input type="checkbox"/> None <input 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) <small>(Check all that apply)</small> <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) <small>(Check all that apply)</small> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) <small>(Check all that apply)</small> <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 | 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 | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 174 | 174 | | | | | | | | |
| Last 30 Days | 82 | 82 | | | | | | | | |
| Last 24 Hours | 0 | 0 | | | | | | | | |

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: Greg City: Damascus
 Middle Initial: P State: OR ZIP: 97089
 Last Name: Wilson Country: USA
 Age at time of Accident/Incident: 54 Date of Birth: mm/dd/yyyy 56 Certificate Number: _____

| | | | |
|---|---|--|---|
| Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious | Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single | Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Shoulder Harness Used <input 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 type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown | Date of Last Medical <u>12/15/2010</u> <i>mm/dd/yyyy</i> |
|--|---|---|---|

Medical Certificate Limitations

Medical Certificate Waivers

| | |
|--|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>02/15/2011</u> <i>mm/dd/yyyy</i> | Flight Review Aircraft Make: _____ Model: _____ |
|--|--|

| | | | |
|--|---|---|---|
| Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input 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 | 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 | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 47 | 47 | | | | | | | | |
| Last 30 Days | 47 | 47 | | | | | | | | |
| Last 24 Hours | 0 | 0 | | | | | | | | |

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

| | | |
|---|---|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: <u>Robert</u> | City: <u>Park City</u> | <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal |
| Middle Initial: <u>A</u> | State: <u>UT</u> ZIP: <u>84098</u> | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: <u>Stobaugh</u> | Country: <u>USA</u> | <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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input checked="" type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

| | | |
|--|---|--|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious |
| 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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

| | | |
|--|---|--|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal |
| Middle Initial: _____ | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____ | Country: _____ | <input type="checkbox"/> Serious |
| 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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

| Name and Address | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | PAA | Fatal Injury | Serious Injury | Minor Injury | No Injury | Unknown |
|---|------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| First Name: <u>Jacqueline</u> City: <u>San Diego</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>92111</u> Last Name: <u>Shroder</u> Country: <u>USA</u> | 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Haru</u> City: <u>Sacramento</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>95826</u> Last Name: <u>Baker</u> Country: <u>USA</u> | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Victoria</u> City: <u>Brentwood</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>90049</u> Last Name: <u>Von Roth</u> Country: <u>USA</u> | 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Marie</u> City: <u>Santa Ana</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>92704</u> Last Name: <u>Gilbert</u> Country: <u>USA</u> | 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Marek</u> City: <u>Des Moines</u> Middle Initial: _____ State: <u>WA</u> ZIP: <u>98198</u> Last Name: <u>Wencel</u> Country: <u>USA</u> | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Cynthia</u> City: <u>Chula Vista</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>91910</u> Last Name: <u>Alvarado</u> Country: <u>USA</u> | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Carolyn</u> City: <u>Rialto</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>92376</u> Last Name: <u>Zapfen</u> Country: <u>USA</u> | 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Name: <u>Christy</u> City: <u>Big Bear Lake</u> Middle Initial: _____ State: <u>CA</u> ZIP: <u>92315</u> Last Name: <u>Jones</u> Country: _____ | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Continued from previous page

| Name | Address | Seat | Duty | Injury Type |
|-----------------|----------------------------|------|------|-------------|
| Lynn Dillon | Huntington Beach, CA 92649 | 7 | Crew | No Injury |
| Deborah Benker | Lahaina, HI 96761 | 9 | Crew | No Injury |
| Norma Decarolis | Santa Clarita, CA 91390 | 10 | Crew | No Injury |

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.

Flight departed NRT at 0620Z bound for LAX. The aircraft was climbing through 24,000 feet near the SCORE intersection. Around 0700Z the flight encountered severe turbulence and four flight attendants were injured.

Crew reported that prior to the turbulence, they could visually see the building up weather in front of them at 12 o'clock, but were unable to get clearance from Tokyo Control to deviate around the weather. Crew reported that they saw no indications on the weather radar, and there was no turbulence reported by aircraft ahead of them. The seat belt sign had been illuminated since takeoff. The flight attendants were not seated because they were working in the cabin. The aircraft encountered moderate and then severe turbulence for approximately 11 seconds. The #2 and #3 flight attendants suffered ankle injuries and were unable to complete duties. Upon arrival in LAX, the flight was met by paramedics and four flight attendants were transported to the hospital. The #2 and #3 were reported to have suffered ankle fractures. The #8 was transported for back pain, and #11 for knee and wrist pain. The injuries suffered by the #8 and #11 were not severe. All were treated and released from the hospital the same day.

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

04/20/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: _____

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

Signature: _____

Type or Print Name: Tahereh Behbehani

Title: Sr. Administrator ASAP/FOQA, American Airlines

FOR NTSB USE ONLY

NTSB Accident/Incident No.

NPZ11 LAZ03

Reviewed by NTSB Regional Office

NPZ-SEA

Name of Investigator

BICH

Date Report Received

4/20/11