

**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**

|   |  |   |   |
|---|--|---|---|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Chicago</u> State: <u>IL</u><br>ZIP: <u>60638</u> Country: <u>USA</u><br>Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)  |  | <b>Date/Time</b><br>Date: <u>04/26/2011</u> Local Time: <u>1333</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>CDT</u>   |   |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br><br><p align="center">611 ft MSL</p> |

**AIRCRAFT INFORMATION**

|  |   |
|--|---|
| Manufacturer: <u>Boeing</u><br>Model: <u>737-7Q8</u><br>Serial Number: <u>28209</u><br>Registration Number: <u>N799SW</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Max Gross Weight: <u>155,000</u> lbs<br>Weight at Time of Accident/Incident: <u>124,665</u> lbs<br>Location of Center of Gravity at Time of Accident/Incident:<br>_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|--|---|

|   |  |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
|---|--|-----------------|----------------|---------------------------------|-------------------------------------|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|---|---------------------------------------|--|---|--|--------------------------------------|---|---|
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table style="width:100%;"> <tr> <td style="width:50%;"><b>Standard</b></td> <td style="width:50%;"><b>Special</b></td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table> | <b>Standard</b> | <b>Special</b> | <input type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Utility | <input type="checkbox"/> Limited | <input type="checkbox"/> Acrobatic | <input type="checkbox"/> Provisional | <input checked="" type="checkbox"/> Transport | <input type="checkbox"/> Experimental |  | <input type="checkbox"/> Special Flight |  | <input type="checkbox"/> Light Sport | <b>Number of Seats: <u>145</u></b><br><br>If Large Aircraft, how many seats for:<br>Flight Crew: <u>4</u><br>Cabin Crew: <u>4</u><br>Passengers: <u>137</u> | <b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable<br><br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
| <b>Standard</b>   | <b>Special</b>   |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Restricted  |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
| <input type="checkbox"/> Utility  | <input type="checkbox"/> Limited   |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
| <input type="checkbox"/> Acrobatic  | <input type="checkbox"/> Provisional   |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
| <input checked="" type="checkbox"/> Transport   | <input type="checkbox"/> Experimental  |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
|   | <input type="checkbox"/> Special Flight  |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |
|   | <input type="checkbox"/> Light Sport   |                 |                |                                 |                                     |                                  |                                  |                                    |                                      |   |                                       |  |   |  |                                      |   |   |

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| <b>Type of Maintenance Program</b><br><input type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input checked="" type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection: <u>04/20/2011</u></b><br><i>mm/dd/yyyy</i><br><br><b>Airframe Total Time: <u>45,577</u> hrs</b><br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
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| <b>IFR Equipped</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Specify <u>Halon</u> |
|---|---|---|

|  |   |
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| <b>ELT Installed</b> <b>ELT Activated</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> _____<br><b>Model/Series:</b> _____<br><b>Serial Number:</b> _____<br><b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____ |
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|   |  |  |
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| <b>Engine Type</b><br><input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch    Manufacturer: _____<br><input type="checkbox"/> Controllable Pitch    Model: _____ |
|---|--|--|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input type="checkbox"/> Horsepower or<br><input checked="" type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|---|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | CFMI                | CFM56-7B24          | 890854                       | 05/10/2004                        | 24000   | 23,740             |                               |                             |
| Eng. 2 | CFMI                | CFM56-7B24          | 888128                       | 11/26/2000                        | 24000   | 24,000             |                               | 6,260                       |
| Eng. 3 |                     |                     |                              |                                   |   |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |   |                    |                               |                             |

**OWNER/OPERATOR INFORMATION**

|  |  |
|--|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>CASTLE 2003-1A LLC</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Owner Address</b><br>City: <u>WILMINGTON</u><br>State: <u>DE</u> ZIP: <u>19890</u><br>Country: <u>USA</u> |
|--|--|

|  |   |
|--|---|
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>Southwest Airlines Co</u><br>Doing Business As: <u>Southwest Airlines Co</u><br>Air Carrier/Operator Designator (4 Character Code): <u>SWA</u> | <b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner<br>City: <u>Dallas</u><br>State: <u>TX</u> ZIP: <u>75235</u><br>Country: <u>USA</u> |
|--|---|

|   |  |
|---|--|
| <b>Regulation Flight Conducted Under</b><br><input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><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<br><input checked="" type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|

|   |  |  |
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| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><input checked="" type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><b>Domestic or International</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International<br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><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: _____<br>Model: _____ | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)<br><br><br><br> | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles<br><b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours |
|--|--|

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

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

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

\*#2 engine change  
 \*#2 T/R halves  
 \*#2 inlet cowl  
 \*RH Inbd aft flap  
 \*LH Inbd Aft flap  
 \* #1 engine has 2 blade tip curls

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

Airport Identifier: KMDW Distance From Airport Center: 1 SM  
 Airport Name: Chicago Midway International Airport Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: 620 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  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: 13C (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: KDEN  
 City: Denver  
 State: CO  
 Country: USA

**Time of Departure**

Time: 0955  
 Time Zone: MDT

**Destination**

Airport ID: KMDW  
 City: Chicago  
 State: IL  
 Country: USA

**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)  
3,128 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  
 All Customers exited from the L2 door, via air stairs.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |   |  |
|--|---|--|
| <b>Weather Observation Facility</b><br>Facility ID: <u>KMDW</u><br>Observation Time: <u>1328</u><br>Time Zone: <u>CDT</u><br>Distance from Accident Site: _____ <u>0</u> NM<br>Direction from Accident Site: _____ degrees MAG | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown<br><input type="checkbox"/> Commercial Weather Service (DUATS) | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input checked="" type="checkbox"/> Telephone/Computer<br><input type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown |
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|  |  |   |
|--|--|---|
| <b>Briefing Type/Completeness</b><br><input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown<br><input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent | <b>Light Condition</b><br><input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night<br><input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported | <b>Visibility</b><br>_____ <u>2</u> miles |
|--|--|---|

|   |  |   |
|---|--|---|
| <b>Sky/Lowest Cloud Condition</b><br><input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Scattered | <b>Ceiling</b><br><input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured<br><input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite<br><input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Unknown | <b>Restriction to Visibility</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input checked="" type="checkbox"/> Unknown |
| <b>Lowest Cloud Condition Height</b><br>_____ <u>900</u> ft AGL   | <b>Ceiling Height</b><br>_____ <u>3,400</u> ft AGL   |   |

|  |  |  |   |
|--|--|--|---|
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated:<br>_____ <u>220</u> degrees MAG<br><br><input type="checkbox"/> Variable | <b>Wind Speed</b><br>Velocity: _____ <u>10</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: _____ <u>17</u> KTS<br><br><input type="checkbox"/> Gusting<br><input type="checkbox"/> Not Gusting | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm<br><br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light<br><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**  
 See previously provided flight dispatch paperwork.

|   |  |  |
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| <b>Temperature:</b> _____ <u>16</u> (C)<br>or _____ (F)<br><br><b>Altimeter Setting:</b> _____ <u>29.41</u> in. HG<br>or _____ MB<br><br><b>Density Altitude:</b> _____ ft<br><br><b>Dew Point:</b> _____ <u>14</u> (C)<br>or _____ (F) | <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate<br><input type="checkbox"/> Trace <input type="checkbox"/> Severe<br><input type="checkbox"/> Light<br><br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed | <b>Type of Precipitation</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Drizzle<br><input checked="" type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle |
|   | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate<br><input type="checkbox"/> Trace <input type="checkbox"/> Severe<br><input type="checkbox"/> Light<br><br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed   | <b>Intensity of Precipitation</b><br><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: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: USA  
 Age at time of Accident/Incident: 50    Date of Birth: \_\_\_\_\_    Certificate Number: \_\_\_\_\_  
*mm/dd/yyyy*

|   |   |   |  |
|---|---|---|--|
| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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

|  |   |   |   |
|--|---|---|---|
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br><u>02/17/2011</u><br><span style="margin-left: 20px;"><i>mm/dd/yyyy</i></span> |
|--|---|---|---|

**Medical Certificate Limitations**  
 NONE

**Medical Certificate Waivers**  
 NONE

|  |   |
|--|---|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>11/28/2010</u><br><span style="margin-left: 20px;"><i>mm/dd/yyyy</i></span> | <b>Flight Review Aircraft</b><br>Make: <u>Boeing 737</u><br>Model: <u>Simulator</u> |
|--|---|

|  |  |   |  |
|--|--|---|--|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|--|--|---|--|

|                                     |  |
|-------------------------------------|--|
| <b>Type Ratings</b><br>B-737, L-382 | <b>Student Endorsements</b> <i>(Include dates)</i> |
|-------------------------------------|--|

| Flight Time <i>(enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|  |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time   | 10,800       | 9,000             |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)   | 8,000        | 7,000             |                        |                      |       |            |           |            |        |                  |
| Time as Instructor   | 1,000        |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days   | 140          | 140               |                        |                      |       |            |           |            |        |                  |
| Last 30 Days   | 53           | 53                |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours  | 6            | 6                 |                        |                      |       |            |           |            |        |                  |

# 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: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: USA  
 Age at time of Accident/Incident: 50  
 Date of Birth: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_  
*mm/dd/yyyy*

|   |   |  |   |
|---|---|--|---|
| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input 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

|  |   |   |  |
|--|---|---|--|
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br><u>7/12/2010</u><br><i>mm/dd/yyyy</i> |
|--|---|---|--|

**Medical Certificate Limitations**

Must wear corrective lenses. Not valid for any class after 7/31/2011.

**Medical Certificate Waivers**

Special Issuance PI#2084935, MID#200002988933, APP# 199643691B

|  |   |
|--|---|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>06/03/2010</u><br><i>mm/dd/yyyy</i> | <b>Flight Review Aircraft</b><br>Make: <u>Boeing</u><br>Model: <u>737</u> |
|--|---|

|   |  |   |  |
|---|--|---|--|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---|--|---|--|

|   |  |
|---|--|
| <b>Type Ratings</b><br>B-737, BE-300, BE-1900, L-65 | <b>Student Endorsements</b> <i>(Include dates)</i> |
|---|--|

| Flight Time <i>(enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|  |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time   | 17,000       | 7,000             | 3,000                  | 14,000               | 3,000 | 2,000      |           |            |        |                  |
| Pilot in Command (PIC)   | 7,500        | 0                 | 3,000                  | 14,000               |       |            |           |            |        |                  |
| Time as Instructor   |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days   | 210          | 210               | 0                      | 210                  |       |            |           |            |        |                  |
| Last 30 Days   | 82           | 82                | 0                      | 82                   |       |            |           |            |        |                  |
| Last 24 Hours  | 6            | 6                 | 0                      | 6                    |       |            |           |            |        |                  |

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

|                               |                         |   |
|-------------------------------|-------------------------|---|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>   |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|  |  |   |
|--|--|---|
| <b>Pilot Certificate(s) (Check all that apply)</b>   |  | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
|  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
|  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|   |   |
|---|---|
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |
|---|---|

|                               |                         |   |
|-------------------------------|-------------------------|---|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>   |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|  |  |   |
|--|--|---|
| <b>Pilot Certificate(s) (Check all that apply)</b>   |  | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
|  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
|  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|   |   |
|---|---|
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |
|---|---|

|                               |                         |   |
|-------------------------------|-------------------------|---|
| <b>Pilot Name and Address</b> |                         | <b>Degree of Injury</b>   |
| First Name: _____             | City: _____             | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Middle Initial: _____         | State: _____ ZIP: _____ | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| Last Name: _____              | Country: _____          | <input type="checkbox"/> Serious                                |

|  |  |   |
|--|--|---|
| <b>Pilot Certificate(s) (Check all that apply)</b>   |  | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign | <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
|  |  | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
|  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |
|  |  | <input type="checkbox"/> Unknown                                |

|   |   |
|---|---|
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |
|---|---|

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

| Name and Address   | Seat  | Crew                                | Non-Revenue              | Revenue                  | Non-Occupant             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                           | Unknown                  |
|--|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| First Name: _____ City: <u>Chicago</u><br>Middle Initial: _____ State: <u>IL</u> ZIP: _____<br>Last Name: _____ Country: _____ | A     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: <u>Chicago</u><br>Middle Initial: _____ State: <u>IL</u> ZIP: _____<br>Last Name: _____ Country: _____ | B     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: <u>Chicago</u><br>Middle Initial: _____ State: <u>IL</u> ZIP: _____<br>Last Name: _____ Country: _____ | C     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____              | _____ | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____              | _____ | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____              | _____ | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____              | _____ | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____              | _____ | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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

Describe what occurred in chronological order, 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. See Previously Provided Crew Statements.

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

Operator/Owner Safety Recommendation

Incident is still under investigation.



**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**

5/3/2011

*mm/dd/yyyy*

**Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**Signature**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: Manager Operational Safety Investigations, Southwest Airlines Co

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**

**Reviewed by NTSB Regional Office**

**Name of Investigator**

**Date Report Received**