

**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>Salt Lake City</u> State: <u>Utah</u> ZIP: <u>84116</u> Country: <u>USA</u> Latitude: <u>40:47:18.19E</u> (dd mm ss N/S) Longitude: <u>111:58:39.98E</u> (ddd mm ss E/W)		Date/Time Date: <u>11/23/2010</u> Local Time: <u>2150</u> <i>mm dd yyyy</i> Time Zone: <u>MST</u>	
Phase of Operation <input checked="" 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 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>Bombardier</u> Model: <u>CRJ700 2C10</u> Serial Number: <u>10051</u> Registration Number: <u>N614SK</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>75,000</u> lbs Weight at Time of Accident/Incident: _____ 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)	
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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>65</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>2</u> Passengers: <u>65</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
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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>11/22/2010</u> <i>mm dd yyyy</i> Airframe Total Time: <u>20,574</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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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</u>
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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>EMTEQ</u> Model/Series: _____ Serial Number: <u>170-10672</u> Battery Type: _____ Battery Exp. Date: <u>7/2014</u>	
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Engine Type <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input 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 Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____
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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	General Electric	CF34-8C5B1	965295	11/06/2001		19,914	42	1,603
Eng. 2	General Electric	CF34-8C5B1	965366	10/03/2002		14,591	308	9,350
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Atlantic Southeast Airlines</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Atlanta</u> State: <u>Georgia</u> ZIP: <u>30354</u> Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>SkyWest Airlines</u> Doing Business As: <u>SkyWest Airlines</u> Air Carrier/Operator Designator (4 Character Code): <u>SWAI</u>	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>St. George</u> State: <u>Utah</u> ZIP: <u>84790</u> Country: _____	
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 checked="" type="checkbox"/> Domestic <input 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) <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 <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		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 checked="" 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)

TBD

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

Airport Identifier: KSLC Distance From Airport Center: _____ SM
Airport Name: Pittsburgh International Airport Direction From Airport: _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 4,227 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 MIS Practice
 ADF/NDB Sidestep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)
 None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

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

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: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: <u>KOKC</u> City: <u>Oklahoma</u> State: <u>Nebraska</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)
_____ 1,885 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>KSLC</u> Observation Time: <u>0405Z</u> Time Zone: <u>MST</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <input checked="" 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)		Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input 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"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark 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"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered		Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Overcast		Restriction to Visibility <i>(Check all that apply)</i> <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	
Lowest Cloud Condition Height _____ <u>1,100</u> ft AGL		Ceiling Height _____ <u>1,100</u> ft AGL		<input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	
Wind Direction <input checked="" type="checkbox"/> Indicated _____ <u>350</u> degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: _____ <u>12</u> 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 <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm					
Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input 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 The "Restriction to Visibility" box does not provide for the conditions that existed at the time of the event. Light Snow and Mist. (-SN BR)					
Temperature: _____ <u>M07</u> (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 of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower	
Altimeter Setting: _____ <u>2997</u> in HG or _____ MB		Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<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	
Density Altitude: _____ ft		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	
Dew Point: _____ <u>M08</u> (C) or _____ (F)		Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed			

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: Jeffery City: West Jordan
 Middle Initial: S State: UT ZIP: 84048
 Last Name: Sakkalos Country: USA
 Age at time of Accident/Incident: 48 Date of Birth: mm/dd/yyyy Certificate Number mm/dd/yyyy **+**

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 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
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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 checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>0719/2010</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations
 Must Wear Corrective Lenses

Medical Certificate Waivers
 None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/25/2010</u> <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>Bombardier</u> Model: <u>CRJ Series</u>
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Airplane Rating(s) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <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
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Type Ratings CL65	Student Endorsements <i>(Include dates)</i>
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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	10,066	6,846								
Pilot in Command (PIC)	5,135	5,135								
Time as Instructor										
This Make/Model										
Last 90 Days		146								
Last 30 Days		27								
Last 24 Hours		6								

PILOT "B" INFORMATION											
Pilot "B" Responsibilities at the Time of Accident/Incident											
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "B" Identification											
First Name: <u>Daniel</u>					City: <u>Fairfield</u>						
Middle Initial: <u>A</u>					State: <u>CA</u>			ZIP: <u>94533</u>			
Last Name: <u>Tesfaw</u>					Country: <u>USA</u>						
Age at time of Accident/Incident: <u>31</u>			Date of Birth: <u> </u>			Certificate Number: <u> </u>					
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<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			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			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)											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" 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											
Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical		
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<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				<input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>03/26/2010</u> <i>mm dd/yyyy</i>		
Medical Certificate Limitations											
None											
Medical Certificate Waivers											
None											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:					Flight Review Aircraft						
<u>01/07/2009</u> <i>mm/dd/yyyy</i>					Make: <u>Bombardier</u>						
					Model: <u>CRJ Series</u>						
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>			Instrument Rating(s) <i>(Check all that apply)</i>			Instructor Rating(s) <i>(Check all that apply)</i>			
<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		<input checked="" 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			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<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 <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
Total Time		3.317	2.135								
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days			232								
Last 30 Days			85								
Last 24 Hours			6								

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

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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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"/> 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

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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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"/> 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

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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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"/> 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

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: <u>LuJuana</u> City: <u>Phoenix</u> Middle Initial: _____ State: <u>AZ</u> ZIP: <u>85020</u> Last Name: <u>Moody</u> Country: <u>USA</u>	FA	<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: <u>Wendy</u> City: <u>Syracuse</u> Middle Initial: _____ State: <u>UT</u> ZIP: <u>84075</u> Last Name: <u>Gillins</u> Country: <u>USA</u>	FA	<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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ State: _____ ZIP: _____ 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.

This event occurred during the pushback of a SkyWest Airlines CRJ700. The aircraft APU was inoperative calling for both engines to be started at the gate with the use of an air-start unit. The original tug unit was determined too small for the push on a slick/icy ramp. A larger tug was used to push the aircraft. During the initial tug turn, the aircraft began sliding at which time the tug stopped but was being controlled now by the sliding aircraft. The tow bar pin and head eventually snapped as it jackknifed and the tug collided with the CRJ on the right forward side of the fuselage.

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

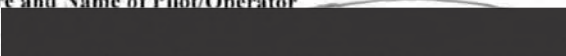
Operator/Owner Safety Recommendation

TBD

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 12/01/2010 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: Michael Eisenstat - Manager Safety Investigations - SkyWest Airlines
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Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR11LA058	Reviewed by NTSB Regional Office WPR-Gardena	Name of Investigator E Simpson	Date Report Received 12/1/10
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