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				Date/Time						
Nearest City/Place: Kansas Ci	ty	Stat	e: MO	Date: 03/26/	2011 Lo	cal Time: 07	745			
ZIP: Country	_{/:} USA			mm/dd/yy	vyy	me Zone: Ce	entral			
Latitude:(dd:mr	n:ss N/S) Longitude:	(dda	d:mm:ss E/W)		11	ille Zolle		 8		
Phase of Operation				Collision with (Other Aircraft	Complete and a second control of the	of In-Flight			
Standing Takeoff (incl.				Midair		Occurren	ice			
☐ Taxi ☐ Climb ☐ Descent ☐ Landing	☐ Mane ☐ Appr	oach		☐ On-ground ☑ None			32,000	ft MSL		
AIRCRAFT INFORMATION										
Manufacturer: Embraer				Max Gross V	Veight:	lbs				
Model: EMB-145					me of Accident/Ir			lbs		
Serial Number:					Center of Gravity					
Registration Number: N93*		Amateur-built:	: ☐ Yes ☑ No	<u> </u>			or 🔲 datur			
				-or-	7,000		ynamic Cord (
	pe of Airworthiness (Certificate	Number of S	Seats:	50 Land	ing Gear	✓ Retrace	table		
Tan ii	neck all that apply) Indard Spec	ial	If Large Aircra	aft, how many seats			nal landing ge	ear		
☐ Blimp/Dirigible		estricted		•	0 000	guration that		.:111		
Glider	Utility 🔲 Li	mited		:		ricycle		ilwheel		
☐ Helicopter		ovisional sperimental		ew:		mphibian mergency Flo		igh Skid		
☐ Powered lift ☐ Ultralight	□ Sp	ecial Flight	Passenger	s:	<u> </u>	loat	☐ Sk	ci .		
Unknown	☐ Li	ght Sport				ull nknown	☐ Sk	i/Wheel		
Type of Maintenance Progr	am	Last Inspect	ion Type		 					
☐ Annual		☐ 100 Hour		ıs Airworthiness	Date Last Inspe		m/dd/yyyy	(i		
Conditional (Amateur-built or		☐ AAIP	Condition:	al Inspection			torstock to the			
 ■ Manufacturer's Inspection Pro ■ Other Approved Inspection Pro 		Annual	Unknown		Airframe Total			hrs		
					hours measure Last Inspe			ent/Incident		
Other, specify:		64-11 337	- G4 I4-	.111	<u> </u>	19.	75529	cit/incident		
IFR Equipped ☐ Yes ☐ No ☐ Unknown	i	50 Sept. 1	i g System Insta Jo □ Unknowi	Type of Fire Ex ☐ None	unguisning	z System				
M 103 M 100 M CHARLOWS	•	V 10s L 1								
					26 25 25 E33255 - 50					
	Activated	ELT Manufa	cturer:		•					
✓ Yes □ No □ Yes	s 🔽 No	Model/Series	:							
ELT Aided in Locating Acc	ident/Incident	Serial Numb	Serial Number:							
Yes No		Battery Type				ery Exp. Da	ate:			
Engine Type	Reciprocatir System Type		ropeller							
☐ Reciprocating ☐ Turbo Jo ☐ Turbo Shaft ☑ Turbo F	νι <u> </u>		Fixed Pitch	Mamufa	cturer:					
☐ Turbo Prop ☐ Unknow	··· ==		Controllable Pi		otaror					
				<u> </u>	Engine Rated	T				
					Power Measured as (check one)		Time	Time		
	Engine	 Man	ufacturer's	Date of Mfg.	Horsepower	Total or Time	Since Inspection	Since Overhaul		
Engine Engine Manufacturer	Model/Series		al Number	mm/dd/yyyy	lbs of Thrust	(hours)	(hours)	(hours)		
Eng. 1					1	-				
Eng. 2 Eng. 3					 					
Eng. 3					1					
					1		1			

OWNER/OPERATOR INI	FORMATIO	N			
Registered Aircraft Owner		Owner Address			
Name: American Eagle Airlines,	Inc.	City: (R)			
Fractional Ownership Aircraft:	Yes No	State: TX Z Country: USA	IP: <u>75261</u>		
Operator of Aircraft 📈 S	ame As Registere	Operator Address	Same As Registered Owner		
Name:			City:	2	
Doing Business As:			State: Z	IP:	
Air Carrier/Operator Designator (4		e):	Country:	201	
Regulation Flight Conducted Un	ıder		Revenue Sightseeing F		
□ FAR 91 □ FAR 129 □	FAR 91 Special	Flight Public Use (select type)	Yes	✓ No	
	Non-US, Comm Non-US, Non-co		An incural riight		
FAR 121 FAR 133	Armed Forces	Onknown	Yes	☑ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select or	na)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial C	perating Certificate Held	
Personal	ic)	01 90 00 0000 00 00 00 00 00 00	None		
☐ Personal ☐ Business		☑ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi	☐ Flag Carrier Operating	Certificate (121)	
☐ Executive/Corporate		The second of th	Supplemental Air Cargo		
☐ Other Work Use ☐ Instructional		Domestic or International	Foreign Air Carriers (12	29)	
Ferry		☑ Domestic ☐ International	Commuter Air Carrier (135)	
☐ Positioning		-	On-Demand Air Taxi (1	(35)	
☐ Aerial Application☐ Aerial Observation		Cargo Operation		Na Contractive	
Air Drop		□ Passenger/Cargo	Rotorcraft External Loa	id (133)	
Air Race / Show		PassengerHow many?	Agricultural Aircraft (1:	37)	
☐ Flight Test ☐ Public Use		Cargolbs	Other Operator of Large	e Aircraft	
Unknown		IVIAII	Culor operator or Daigo	Mician	
OTHER AIRCRAFT - CO	ILISION (foir or ground collision convered comple			
		i ali oi ground comsion occurred, comple	te this section for o <i>ther</i> airc	rait)	
7			100	amage to Other Aircraft	
Aircraft Registration Number	Manufacturer:		D	amage to Other Aircraft Destroyed Minor	
Aircraft Registration Number	Manufacturer: Model:		D	amage to Other Aircraft	
Aircraft Registration Number Registered Owner of Other Aircraft Name:	Manufacturer: Model: craft		D	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Airc First Name: Middle Initial:	Manufacturer: Model: eraft	City: State:	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Airc First Name: Middle Initial: Last Name:	Manufacturer: Model: eraft	City: State:	D	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft	Manufacturer: Model: eraft	City: State: Country: _	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircraft Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name:	Manufacturer: Model: eraft	City: State: Country: _	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft	Manufacturer: Model: eraft	City: State: Country: City: State:	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Last Name:	Manufacturer: Model: rraft	City: State: City: State: State: Country: _	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN	Manufacturer: Model: eraft CTION/FAIL	City: State: Country: State: City: State: Country: State: Country:	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Last Name:	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	Total Time/Cycles On Part Hours	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	amage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	Total Time/Cycles On Part Hours	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model: eraft CTION/FAIL ion/Failure?	City: State: Country: City: State: Country: State: Country: VRE (If more space is needed, continu	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Aircraft Registration Number Registered Owner of Other Aircr First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	Manufacturer: Model:	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Registered Owner of Other Airc First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct (If yes, list the name of the part, manuf	Manufacturer: Model: CTION/FAIL ion/Failure? facturer, part no.,	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
Aircraft Registration Number Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct (If yes, list the name of the part, manuf	Manufacturer: Model:	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)									
AIRPORT INFORMATION (If the	e accident/incident occu	ırred on appı	roach, takeoff or	within 3 miles	of an airport	, complete this section)			
Airport Identifier:				n Airport Cen					
Airport Name:						degrees MAG			
Proximity to Airport	rip 🔲 On Airport 🔲 🤆	On Airstrip				ft. MSL			
Approach Segment (Select one)			•	M. (19.00.20 MCC) (19.00.10 MCC)					
☐ On Instrument Approach ☐ Landii	ng 🔲 Base	eleg	□F			Go Around			
☐ Crosswind ☐ Down	wind Low	Approach		borted Landing (n)			
IFR Approach (Check all that apply)	-	•	VFR Approac	h (Check all the		1.0			
□ None □ PAR □ ADF/NDB □ Sidestep		Practice GPS	☐ None ☐ Traffic Patter	n		op and Go uch and Go			
☐ SDF ☐ ILS	☐ ASR ☐	Loran	Straight-In		☐ Sii	nulated Forced Landing			
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	☐ Visual ☐ Contact	Unknown	☐ Valley/Terrai☐ Go Around	n Following		rced Landing ecautionary Landing			
TACAN RNAV	Circling		Full Stop			known			
Runway Information			Condition of F	Runway/Landi	ng Surface	(Check all that apply)			
Runway ID:(L/R/C) Length:	ft Width:	ft	☐ Dry ☐ Holes		-Compacted -Crusted	Water-Calm			
Runway/Landing Surface (Check all that	apply)		Ice Covered			☐ Water-Choppy ☐ Water-Glassy			
☐ Asphalt ☐ Grass/Turf ☐ Mac	adam		Rough	☐ Snow		☐ Wet			
	al/Wood 🔲 Unknown		☐ Rubber Depo☐ Slush Covere		tation	☐ Unknown			
☐ Dirt ☐ Ice ☐ Snor			Sidai Covere	u 🗀 vegen	tatron				
Last Departure Point	Time of Departure	Destination	n		Type Fligh	t Plan Filad			
Airport ID: OKC	Time of Departure	Airport ID:			Type Fingh □ None	□ VFR/IFR			
City: Oklahoma City	Time: 0635	City: Chica			Company	VFR 🔽 IFR			
State: OK	Time Zone: Central	State: IL	90	<u>u u u</u>	☐ Military \ ☐ VFR	FR Unknown			
Country: USA	Time Bone.	Country: US	· A			✓ Yes □ No			
Type of ATC Clearance/Service (Check a	Il that amply)	Country. OC	<u> </u>			<u></u>			
	u unai appiy) Specia	al IFR	Пу	FR Flight Follow	ing	Cruise			
None □ Special VFR VFR □ IFR	□ VFR (affic Advisory	···-ə	Unknown / NA			
Airspace where the accident/incident occ	curred (Check all that app	oly)							
☑ Class A ☐ Class E	_	nibited Area		Jet Training	Area	Special			
☐ Class B☐ Class G☐ Class C☐ Demo Area		ricted Area tary Operations	s Area (MOA)	☐ TRSA ☐ FAR 93		☐ Air Traffic Control Area☐ Unknown			
Class D Warning Area		ort Advisory A		Species y space frequency of the recognition		Account Court of Security (Security Security Sec			
Aircraft Load Description (Check all that	T.T. (50)								
□ None □ Towing Glide ☑ Passengers □ Towing Bann		chutists		☐ Livestock ☐ Unknown					
Cargo Cher Externa		eı mical/Fertilizer	r/Seeds	LI Ulikilowii					
FUEL & SERVICES INFORMA	TION								
Fuel on Board at Last Takeoff	Fuel Type								
(convert from pounds, as necessary)	80/87	115/145	□ JP3	Oth	er, specify				
Gallons	☐ 100 Low Lead ☐ 100/130	✓ Jet A ☐ Automotiv							
Other Services, if Any, Prior to Departu									
, , , , , , , , , , , , , , , , , , , ,									

EVACUATION OF AIRCRAFT									
Was an emergency evacuation of the aircraft performed?									
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location									
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 Source of Weather Information Method of Briefing									
Facility ID:			200	ck all that apply)	20-200 • 10-207			(Check all	
Observation Time:				ational Weather Solight Service Statio			☐ Company ☐ Military	☐ In Perse	on oe
Time Zone:				V/Radio utomated Report			☐ Internet ☐ Unknown	Teleph Aircraf	one/Computer
Distance from Accident Site:		ЛM		ommercial Weath	er Service (DUA	TS)	Clikilowii	TV/Rac	lio
Direction from Accident Site:		ees MAG						Unkno	
Briefing Type/Completeness ☐ Full	☐ Abbreviate	vd.	_	t Condition)uelz	П	Dork Night	Visibility	
Partial / Limited By Pilot Partial / Limited By Briefer	☐ Hooreviate ☐ Unknown ☐ Not Pertine		☐ Day ☐ Night ☐ Bright Night			Bright Night		_ miles	
☐ Few ☐	Thin Broken Thin Overcast Unknown	Ceiling None Broke	en	☐ In	bscured definite nknown		estriction to Visibility None Blowing Dust Blowing Sand Blowing Snow	☐ Fog	g ound Fog ze
Lowest Cloud Condition Hei	ght	Ceiling	Heigh	 t		1 🗆	Blowing Spray	☐ Sm	oke
	_ft AGL		ft AGL		L	□ Dust □ Unknown			
Wind Direction	Wind Speed			Wind Gusts			ype of Turbulence (C	heck all that	apply)
☐ Indicated: degrees MAG	Velocity:	KTS		Velocity:	KTS		None ☐ In Cl Clear Air ☐ Vicir	ouds nity of Thunc	lerstorm
degrees with	-or- □ Calm			☐ Gusting			everity of Turbulence	-	
☐ Variable	Light and Vari	able	Not Gusting			Extreme Mod	Light		
NOTAMs (D, L and FDC)), AIRMETs, S	IGMETS	, PIR	EPs in effect a	t the time of	f the	accident/incident		
т.	Ie	cing Fore			Т		Type of Precipitati		ll that apply)
Temperature:(C)	[]	Amou: None Trace Light		Moderate Severe	Type □ Rime □ Clear □ Mixed		Rain Snow	☐ Drizzle ☐ Ice Pellet ☐ Snow Pe	llets
or1	MB	=			whiseu		Rain Showers	☐ Snow Gr ☐ Ice Cryst	als
Density Altitude:	ft I	cing Actua Amou			Type			☐ Ice Pellet☐ Freezing	
Dew Point: (C) or (F)		None Trace		Moderate Severe	∏ Rime ☐ Clear			<u>_</u>	17112210
Gi(t')		Light	<u></u>	564616	☐ Mixed		Intensity of Precipi ☐ Light ☐ M	oderate	☐ Heavy

PILOT "A" INFORMATION										
Pilot "A" Responsibilities : ☑ Pilot ☐ Co-Pilot		e nt/Incide Flight In		Check Pilot	☐ Flig	ht Engineer	Other	Flight Crew		
Pilot "A" Identification	The state of the s			10000000000000000000000000000000000000			- ACCESSION ACCE			
First Name: Thomas Middle Initial: Last Name: Mason Age at time of Accident/Inc	ident: <u>31</u> Da	ate of Bir	th: (R)	S	ity: Fox l tate: IL ountry: U	Z	ZIP: <u>6002</u> (0		
D CI	1840 11		mm aw y		4 D. K			61 11 T	F	
Degree of Injury ✓ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Right	Front Rear Single	☐ Unknow	wn Us	eat Belt sed vailable	The second of	□ No □ No	Shoulder E Used Available		□ No
Pilot Certificate(s) (Check all that apply) □ None □ Student □ Recreational □ Commercial □ Flight Engineer □ Foreign □ Private □ Flight Instructor □ Sport ☑ Airline Transport □ U.S. Military										
Principal Occupation	Medical Certificate	open				rtificate Va			ast Medica	1
✓ Pilot ☐ Other ☐ Unknown	None Cla	ver's Licen	nse (Sport Pilot	only)	Without lin	mitations/wai ations/waiver	vers	06/08	8/10	
Medical Certificate Limita Must wear corrective lenses.	ations			-						
Medical Certificate Waive	rs									
Date of Last Flight Review	7	Flight	Review Airo	craft						
or Equivalent, Including FAR 121/135 Checks:	01/12/2011	Make:		- 8	- 6		8 8	* 8	4 8	<u> </u>
	mm/dd/yyyy	Model:	135/140/14	45.						
Airplane Rating(s) (Check all that apply) None Single-Engine Land Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply) None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift			pter	(s)	(Check all None None Airplan Airplan Gyropla	e Single-Eng e Multi-Engi une d Lift	ine C	Instrument Instrument I Helicopter Glider Sport	
Type Ratings EMB-145, SF-340, ATR 42/72						Student F	Endorseme	nts (Include o	lates)	
Flight Time (enter appropria number of hours in each box)		is Make Model	Airplane Single Engine	Airplane Multiengin	e Night	Inst Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	6,788									
Pilot in Command (PIC)	394			71		ri na		, and the state of	a :	
Time as Instructor						-	-			
This Make/Model		100				n' a'x				
Last 90 Days Last 30 Days		160 60	,					-	-	
Last 24 Hours	+ +	30								

PILOT "B" INFORMATION										
Pilot "B" Responsibilities : ☐ Pilot ☑ Co-Pilot	at the Time of Acci ☐ Student Pilot	dent/Incide ☐ Flight Ir		Check Pilot	☐ Flight	t Engineer	Other	Flight Crew		
Pilot "B" Identification										
First Name: Brian Middle Initial: Last Name: McPherson				Stat	r: <u>Chica</u> e: <u>IL</u> intry: <u>U</u> S	Z	IP: <u>60641</u>	<u> </u>		
Age at time of Accident/Inc	dent:27	Date of Bir	rth:(R) 	le 1	tificate N	umber: (1	R)			
Degree of Injury ✓ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☑ Right ☐	Front Rear Single	Unknown	Seat			No No	Shoulder H Used Available	✓ Yes	□ No □ No
Pilot Certificate(s) (Check of	ıll that apply)						•			
□ None □ Str □ Private □ Fli	dent ght Instructor	☐ Recre	ational	Commercia Airline Tra			Flight Engir U.S. Militar		☐ Foreign	
Principal Occupation	Medical Certificat	te		Med	lical Cert	ificate Va	lidity	Date of L	ast Medica	l
☑ Pilot ☐ Other ☐ Unknown	Class 1	Class 3 Driver's Lice Jnknown	nse (Sport Pilot	only)		itations/waivers		10/12/2010 mm/dd/yyyy		
Medical Certificate Limita	tions			-						
Medical Certificate Waive	rs									
Date of Last Flight Review	5	Flight	Review Airc	raft						
or Equivalent, Including FAR 121/135 Checks:	08/12/2010	Make:	EMB							
FAR 121/133 CHECKS.	mm/dd/yyyy		135/140/14	15						
Airplane Rating(s)	Other Aircraft 1		- 1	ent Rating(s)		Instructor	Rating(s)		(6	
(Check all that apply)	(Check all that app					Check all th				
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	□ None □ Airship □ Free Balloon □ Glider □ Gyroplane □ Helicopter □ Powered Lift	□ None □ Airplane □ Helicopter □ Powered Lift]	None Airplane Airplane Gyroplan Powered	Single-Engii Multi-Engin ie Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
Type Ratings						Student E	ıdorsemen	ts (Include de	utes)	
Flight Time (enter approprion number of hours in each box)	te All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2,936									
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model		Um San								
Last 90 Days		220								
Last 30 Days	+ +	58								

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)								
Pilot Name and Address						Degree of I	7	
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown	
Middle Initial:		State:	ZIP:			Serious	☐ Clikilowii	
Last Name: Pilot Certificate(s) (Check all that		Country		_		Seat Occup	ind	
None ☐ Student	Recreational	☐ Commercial	☐ Flight Engineer	☐ Foreign		Left	Front	
Private Flight Instructor		Airline Transport	U.S. Military	☐ Foleign		Right	Rear	
Type Rating/Endorsement for			me at the Time			Center	☐ Single ☐ Unknown	
Accident/Incident Aircraft?	Yes No	of this Acciden	ıt/Incident:	hrs			Clikilowii	
Pilot Name and Address						Degree of I	njury	
First Name:		City:				None	Fatal	
First Name:Middle Initial:	7 Ye	State:	ZIP:			☐ Minor ☐ Serious	☐ Unknown	
Last Name:		Country:				01 - 0.	±. 1	
Pilot Certificate(s) (Check all that	Recreational	Commercial	☐ Flight Engineer	☐ Foreign		Seat Occup ☐ Left	Front	
Private Flight Instructor	Sport	☐ Commercial ☐ Airline Transport	U.S. Military	II Foreign	l.	☐ Right	☐ Rear	
Type Rating/Endorsement for	-	Total Flight Ti	me at the Time			☐ Center	☐ Single ☐ Unknown	
Accident/Incident Aircraft?	Yes No	of this Acciden	t/Incident:	hrs			Clikilowii	
Pilot Name and Address						Degree of I	njury	
First Name:		City:				None	☐ Fatal	
Middle Initial:		State:	ZIP:			☐ Minor ☐ Serious	Unknown	
Last Name:		Country:		_				
Pilot Certificate(s) (Check all that	11					Seat Occup		
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Foreign	1	☐ Left ☐ Right	☐ Front ☐ Rear	
Type Rating/Endorsement for	Бърен		me at the Time			Center	Single	
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Assidan	4/T2 J4.	bro			☐ Unknown	
	☐ 1 C3 ☐ 110	of this Acciden	nt/Incident:	111.5				
					ecessa	·v)		
PASSENGER(S) / OTHER							ny w	
				ate sheet if n			fal rious nor nry Injury known	
		(Include flight attenda	nts; continue on separa			Revenue (A. Non-Occupant	Fatal Serious Injury Minor Injury No Injury	
PASSENGER(S) / OTHER Name and Address First Name: Laura		(Include flight attenda	nts; continue on separa	ate sheet if no	Crew	Revenue Revenue Non- Occupant FAA		
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial:		(Include flight attendar		ate sheet if n	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown	
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm		City: Shorewood State: IL Country: USA	nts; continue on separa	ate sheet if no	Crew	Revenue Revenue Non- Occupant FAA		
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name:		City: Shorewood State: L Country: USA City:	od ZIP: 60404	ate sheet if no	Crew	Revenue Revenue Non-Occupant FAA		
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial:		City: Shorewood State: L Country: USA City: State: L City: State: City: State: City: State: City:	od ZIP: 60404	ate sheet if no	Crew	Revenue Revenue Non-Occupant FAA		
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: State: Country:	od ZIP:	ate sheet if no	Crew	Revenue Revenue Non-Occupant FAA		
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: State: City: State: State	od ZIP:	ate sheet if no	Crew			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: State: City: State: State	od ZIP:	ate sheet if no	Crew		0000	
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: C	odzip:	ate sheet if no	O C.			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: First Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	PERSONNEL	City: State: Country: USA	od ZIP:	ate sheet if no	oue C		0000	
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Last Name: Last Name: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: Cit	od ZIP: ZIP: ZIP:	ate sheet if no	oue C			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: Cit	od ZIP: ZIP: ZIP:	ate sheet if no	C. C			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: USA City: State: Country: City: State: State: City: City: State: City: Ci	od ZIP: 60404 ZIP:	ate sheet if no	C. C			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: State: City: City: State: City: City: State: City: Cit	od	FA	C. C			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: LS Country: City: State: Country: City: C	od	FA				
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: LS Country: City: State: City: City: State: City: City: State: City: City	od	FA				
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: City: State: City: S	od ZIP:	FA	- Ceew			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: USA City: State: Country: City: State: City: City	od ZIP: 60404 ZIP: ZIP: ZIP: ZIP: ZIP: ZIP:	FA	- Ceew			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: USA City: State: Country: City: State: City: City	od ZIP:	FA	- Ceew			
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: First Name: First Name: First Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: USA City: State: Country: City:	od	FA				
PASSENGER(S) / OTHER Name and Address First Name: Laura Middle Initial: Last Name: Zelm First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	PERSONNEL	City: Shorewood State: IL Country: USA City: State: Country: USA City: State: Country: City: State: City: City: State: City: City: State: City: City	od ZIP: 60404 ZIP: ZIP: ZIP: ZIP: ZIP: ZIP:	FA				

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.
On 26Mar10, Flt 4355, enroute from OKC to ORD while climbing through FL320 FA Zelm had just finished her service and was headed back to her jumpseat when the aircraft experienced clear air turbulence. FA Zelm lost her footing and hit her head on the service galley door. While trying to find something to grab FA Zelm fell again and injured her wrist and knee. Immediately FA Zelm noticed her hand swelling up. FA Zelm contacted the crew and informed them of what had happened. A Doctor onboard took a look at the FA's wrist and stated that it appeared to be badly sprained or broken. The pain was getting worse and FA Zelm stated to the crew that she would be unable to complete her duties. Crew elected to divert to MCI so FA Zelm could seek medical attention immediately. FA Zelm was met by paramedics and taken to the hospital. The seat belt sign was on and no other injuries were reported.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation

		TION (Please type or print in ink)		
Use this space if addi	tional space	is needed for any answers.		
I HEREBY CERTIF	Y THAT TH	IE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report	Signature	and Name of Pilot/Operator		
04/04/2011	Signature:_			
mm/dd/yyyy		nt Name:		
Signature and Name		Filing Report if Other than Pilot/Operato		
Signature:				
Type or Print Name: Tr		nson		
Title: Manager Fligh	t Safety			
		FOR NTSB I	USE ONLY	
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN11LA250		West Chicago, IL	Edward Malinowski	4/5/11