



Cover sheet

Date: 1/17/2012

ATTN: Eric Alleyne
NTSB IIC

From: Sara Irwin
Safety Specialist

Number of pages: 12

Fax number: [REDACTED]

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

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.ntsb.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM
It is necessary that ALL questions on this report be answered completely and accurately.
If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

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

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. **NOTE:** Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

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

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

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

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

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying with a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

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

Other Aircraft - Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Huntington</u> State: <u>WV</u> ZIP: <u>25704</u> Country: <u>USA</u> Latitude: <u>38 22 8 N</u> (dd:mm:ss N/S) Longitude: <u>82 33 21 W</u> (ddd:mm:ss E/W)	Date/Time Date: <u>01/16/2012</u> Local Time: <u>0705</u> <i>mm/dd/yyyy</i> Time Zone: <u>EST</u>
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Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input checked="" 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
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AIRCRAFT INFORMATION

Manufacturer: <u>DeHavilland</u> Model: <u>DCH8 - 102</u> Serial Number: <u>226</u> Registration Number: <u>N839EX</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>34,500</u> lbs Weight at Time of Accident/Incident: <u>34,286</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>8.2</u> inches from <input type="checkbox"/> nose or <input checked="" 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>41</u> If Large Aircraft, how many seats for: Flight Crew: <u>3</u> Cabin Crew: <u>1</u> Passengers: <u>37</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>01/10/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>49,609</u> hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input checked="" 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 type="checkbox"/> Specify _____
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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>Pointer</u> Model/Series: <u>4000</u> Serial Number: <u>406240</u> Battery Type: <u>Alkaline</u> Battery Exp. Date: <u>01/28/2012</u>
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: <u>Hamilton Standard</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>14SF-7</u>
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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 checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt & Whitney	PW120A	120536	04/1988	2000	51,360	466	7,436
Eng. 2	Pratt & Whitney	PW120A	121143	10/1991	2000	43,910	466	3,563
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>US Airways</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Tempe</u> State: <u>AZ</u> ZIP: <u>85281</u> Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Piedmont Airlines</u> Doing Business As: <u>US Airways Express</u> Air Carrier/Operator Designator (4 Character Code): <u>HNAA</u>	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Salisbury</u> State: <u>MD</u> ZIP: <u>21804</u> Country: <u>USA</u>	
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input checked="" type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input checked="" type="checkbox"/> Passenger <u>33</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (if more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <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)*

Left horizontal stabilizer exhibited impact damage. The leading edge was dented and punctured. The lower skin was dented, scratched and punctured. The left elevator and elevator trim tab also exhibited impact damage to the lower surfaces with punctured skin, scratches and dents. There was distortion of the rear spar lower flange and web with damaged rivets at the rear spar.

The deice truck boom exhibited impact damage with scratches and paint transfer marks on the boom arm.

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

Airport Identifier: KHTS **Distance From Airport Center:** _____ SM
Airport Name: Tri-State Airport **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 828 ft. MSL

Approach Segment *(Select one)*
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*
 None PAR MLS Practice
 ADF/NDB Sideslip LDA GPS
 SDF ILS ASR Loran
 VORTVOR 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

Runway/Landing Surface *(Check all that apply)*
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

Condition of Runway/Landing Surface *(Check all that apply)*
 Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KHTS</u> City: <u>Huntington</u> State: <u>WV</u> Country: <u>USA</u>	Time of Departure Time: <u>0700</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>KCLT</u> City: <u>Charlotte</u> State: <u>NC</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 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 <i>(convert from pounds, as necessary)</i> _____ <u>471</u> Gallons	Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5
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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>KHTS</u> Observation Time: <u>0651 local</u> Time Zone: <u>EST</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ 10 miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL
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Wind Direction <input checked="" type="checkbox"/> Indicated: _____ 180 degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ 3 KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <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
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

OBST TOWER 1108 315 AGL 2.82 WSW LGTS OTS ASR
 1258542 TIL 1201250417
 09JAN12/2218 25JAN12/0417 KHTS 01/008

OBST TOWER 1136 299 AGL 10.85 W LGTS OTS ASR
 1264493 TIL 1201231420

-OBST TOWER 1107 260 AGL 4.13 NW LGTS OTS ASR
 1235176 TIL 1201210142
 05JAN12/1943 21JAN12/0142 KHTS 01/003

Temperature: _____ -4 (C) or _____ (F) Altimeter Setting: <u>30.28</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ -7 (C) or _____ (F)	Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed Icing Actual Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input checked="" type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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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: Steven City: Hubert
 Middle Initial: D State: NC ZIP: 28539
 Last Name: Bamber Country: USA
 Age at time of Accident/Incident: 40 Date of Birth: mm/dd/yyyy Certificate Num 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 type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>02/11/2011</u> mm/dd/yyyy
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Medical Certificate Limitations
 None

Medical Certificate Waivers
 None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/26/2011</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>DeHavilland</u> Model: <u>DCH8 - 300</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input 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	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" 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 DHC-8	Student Endorsements (Include dates)
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Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	7,900	4,100	2,400	5,500	1,560	1,050	112			
Pilot in Command (PIC)	3,800	0	2,200	1,350	480	256	0			
Time as Instructor	1,780	0	1,480	300						
This Make/Model					23	20	0			
Last 90 Days	181	181	0	181	23	20	0			
Last 30 Days	78	78	0	78	10	8	0			
Last 24 Hours	0	0	0	0	0	0	0			

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"/> Foreign	
<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left	
<input type="checkbox"/> Front		<input type="checkbox"/> Right	
<input type="checkbox"/> Rear		<input type="checkbox"/> Center	
<input type="checkbox"/> Single		<input type="checkbox"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign	
<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left	
<input type="checkbox"/> Front		<input type="checkbox"/> Right	
<input type="checkbox"/> Rear		<input type="checkbox"/> Center	
<input type="checkbox"/> Single		<input type="checkbox"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign	
<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left	
<input type="checkbox"/> Front		<input type="checkbox"/> Right	
<input type="checkbox"/> Rear		<input type="checkbox"/> Center	
<input type="checkbox"/> Single		<input type="checkbox"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)											
Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Florence</u>	City: <u>Williamsburg</u>	FA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	State: <u>VA</u> ZIP: <u>23188</u>										
Last Name: <u>Ardiente</u>	Country: <u>USA</u>										
First Name: _____	City: _____		<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"/>
Middle Initial: _____	State: _____ ZIP: _____										
Last Name: _____	Country: _____										
First Name: _____	City: _____		<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"/>
Middle Initial: _____	State: _____ ZIP: _____										
Last Name: _____	Country: _____										
First Name: _____	City: _____		<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"/>
Middle Initial: _____	State: _____ ZIP: _____										
Last Name: _____	Country: _____										
First Name: _____	City: _____		<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"/>
Middle Initial: _____	State: _____ ZIP: _____										
Last Name: _____	Country: _____										
First Name: _____	City: _____		<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"/>
Middle Initial: _____	State: _____ ZIP: _____										
Last Name: _____	Country: _____										

NARRATIVE HISTORY OF FLIGHT (Please type or print in Ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

Shortly after 0700, Piedmont flight 4117, in aircraft N839EX, struck a deicing truck boom with the left horizontal stabilizer, elevator and elevator trim tab, while taxiing on the HTS ramp. The flight was an originator and the flight crew preflight identified frost on the aircraft that required deicing. There was no active precipitation at the time.

The HTS station had recently changed from deicing on the gate to off-gate deicing, but did not have a designated or specific location identified. Before the aircraft left the gate, the Captain spoke with the ramp agent and stated he would like to taxi out with one engine, and leave the engine in feather while the vendor (airport personnel) conducted the deicing. The ramp agent then walked to the deice vehicle and conveyed the Captain's request, to which the vendor personnel agreed, and the ramp agent then went back to the aircraft to confirm for the Captain that his plan was ok with the vendor. They also spoke about where to go on the ramp for deicing, but there the statements vary somewhat. The ramp agent said he told the Captain to taxi out in front of Gate 2 (aircraft was parked at Gate 3), and the Captain said he was told to just taxi out there in a non-specific manner.

After the aircraft started #1 engine, another agent pulled the chocks and then went inside to station operations to man the radio while the original agent marshaled the aircraft out of the Gate 3 parking area. Because of the proximity of another airline's piece of equipment, the agent doing the marshaling stood by the wing to ensure sufficient clearance, and gave a thumbs up to the flight crew to signal that they were clear of the equipment.

After the aircraft taxied approximately 50 - 70 feet and positioned in front of gate 2, the Captain stopped and asked the First Officer (FO) to call station operations and clarify where they were to go for the deicing. The FO did so and spoke with the 1st ramp agent who was working the radio and could not see the aircraft. Thinking the aircraft was still at the gate, the agent told the crew to just taxi about 50' and stop for deicing.

Without the flight crew's knowledge, the vendor deicing team mistaken the 2nd agent's thumbs up signal as the signal that deicing could begin. The truck moved behind the left wing and in front of the left horizontal stabilizer and started spraying the rear of the aircraft. Having received guidance from station operations to move 50', the flight crew initiated taxi and almost immediately felt a bump, then stopped. Seeing the aircraft start to move, the bucket operator yelled to the driver to back up and tried to lower the boom, but the aircraft tail struck and rode over the boom arm.

Captain Statement:**To Whom it May Concern:**

On January 16, 2012, I was the Pilot in Command of USAirways Express Flight 4117 from HTS to CLT. Mr. Steven Bamber was serving as the First Officer. On that dark early morning, at approximately 7:05 AM, our flight was to taxi to an unspecified deice area to remove frost from the airframe. After taxiing a short distance away from the gate, stopping, and scanning for the deice truck or marshaller for about a minute, we inquired over the company frequency where the station wanted the aircraft positioned. We were instructed to "go ahead and move 50 ft. and we'll deice you there". As we began to move following this instruction, the aircraft's tail contacted the deicing truck's boom. The deicing crew, unseen, unannounced, and without verbal authorization or knowledge of the flightdeck crew, had begun deicing the horizontal stabilizer. I have submitted an ASAP report under the guidelines of the Piedmont Airlines ASAP Program. These are the events that transpired to the best of my recollection. I have nothing else to add to this report that is submitted at this time.

First Officer Statement:

My name is Steven Bamber, I was serving as the First Officer under the command of Captain Gary Tromer on Piedmont Airlines flight 4117 on 16th January 2012. To my best recollection, these are the details of the incident.

While taxiing to the deice pad and not seeing any marshaller or deice truck we paused briefly to inquire over the company radio the exact location for deice. We were instructed to move 50 feet. After clearing the area, during this movement the aircraft contacted the deice boom. The deicer, unseen by myself or the Captain, had apparently begun to deice without proper crew coordination.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

A survey was developed and required by all stations to identify if similar off-gate deicing conditions exist elsewhere in our system.

All stations will confirm that off-gate deicing procedures are properly documented.

HTS station will specifically brief Ramp Agents on deicing procedures and the requirement for an Agent to oversee the deicing process. All off-gate deicing will be suspended until procedures are developed and documented as well as until the deice truck is equipped with a radio. Additionally, defrosting will be completed prior to crew arrival (at least 45 minutes prior to departure).

HTS Deicing Vendor will be retrained on deicing procedures by US Airways Express Training.

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 01/26/2012 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Stephen B Keefe</u>
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: <u>Sara Irwin</u> Title: <u>Safety Specialist</u>	

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA12LA147	Reviewed by NTSB Regional Office ERA	Name of Investigator Alleyne	Date Report Received 2/13/2012
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