

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

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

**BASIC INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>Pawnee City</u> State: <u>NE</u> ZIP: <u>68420</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>02/23/2012</u> Local Time: <u>1430</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" 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		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b>  <p align="center">36,000 ft MSL</p>

**AIRCRAFT INFORMATION**

Manufacturer: <u>Boeing</u> Model: <u>737-7H4</u> Serial Number: <u>36888</u> Registration Number: <u>N915WN</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>154,500</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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<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table>	<b>Standard</b>	<b>Special</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Utility	<input type="checkbox"/> Limited	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental		<input type="checkbox"/> Special Flight		<input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>145</u> If Large Aircraft, how many seats for: Flight Crew: <u>4</u> Cabin Crew: <u>4</u> Passengers: <u>137</u>	<b>Landing Gear</b> <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
<b>Standard</b>	<b>Special</b>																
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																
<input type="checkbox"/> Utility	<input type="checkbox"/> Limited																
<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Provisional																
<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Experimental																
	<input type="checkbox"/> Special Flight																
	<input type="checkbox"/> Light Sport																

<b>Type of Maintenance Program</b> <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: _____	<b>Last Inspection Type</b> <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	<b>Date Last Inspection:</b> <u>02/09/2012</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>14,201</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Halon</u>
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<b>ELT Installed</b> <b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____
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<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <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 (check one) <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	CFM56-7B24	896364	03/17/2008	24000	14,201	158	
Eng. 2	General Electric	CFM56-7B24	896365	03/17/2008	24000	14,201	158	
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b> Name: <u>SOUTHWEST AIRLINES CO</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Owner Address</b> City: <u>Dallas</u> State: <u>Texas</u> ZIP: <u>75235</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <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	<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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)		
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
<b>Was there Mechanical Malfunction/Failure?</b> <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>		<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
<b>Aircraft Damage</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <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	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground



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

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

Airport Identifier: \_\_\_\_\_ Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: \_\_\_\_\_ Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: \_\_\_\_\_ ft. MSL

**Approach Segment** (Select one)

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

**IFR Approach** (Check all that apply)

None  PAR  MLS  Practice  
 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

**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: KMDW  
 City: Chicago  
 State: Illinois  
 Country: USA

**Time of Departure**

Time: 1335  
 Time Zone: CST

**Destination**

Airport ID: KLAX  
 City: Los Angeles  
 State: California  
 Country: USA

**Type Flight Plan Filed**

None  VFR/IFR  
 Company VFR  IFR  
 Military VFR  Unknown  
 VFR  
 Activated?  Yes  No

**Type of ATC Clearance/Service** (Check all that apply)

None  Special VFR  Special IFR  VFR Flight Following  Cruise  
 VFR  IFR  VFR On Top  Traffic Advisory  Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

Class A  Class E  Prohibited Area  Jet Training Area  Special  
 Class B  Class G  Restricted Area  TRSA  Air Traffic Control Area  
 Class C  Demo Area  Military Operations Area (MOA)  FAR 93  Unknown  
 Class D  Warning Area  Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

None  Towing Glider  Parachutists  Livestock  
 Passengers  Towing Banner  Water  Unknown  
 Cargo  Other External  Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)  
 \_\_\_\_\_ 4,433 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: KAFKObservation Time: 2035ZTime Zone: CSTDistance from Accident Site: 16 NMDirection from Accident Site: 090 degrees MAG**Source of Weather Information***(Check all that apply)*

- 
- National Weather Service
- 
- 
- Flight Service Station
- 
- 
- TV/Radio
- 
- 
- Automated Report
- 
- 
- Commercial Weather Service (DUATS)
- 
- 
- Company
- 
- 
- Military
- 
- 
- Internet
- 
- 
- Unknown

**Method of Briefing***(Check all that apply)*

- 
- In Person
- 
- 
- Teletype
- 
- 
- Telephone/Computer
- 
- 
- Aircraft Radio
- 
- 
- TV/Radio
- 
- 
- Unknown

**Briefing Type/Completeness**

- 
- Full
- 
- 
- Partial / Limited By Pilot
- 
- 
- Partial / Limited By Briefer
- 
- 
- Abbreviated
- 
- 
- Unknown
- 
- 
- Not Pertinent

**Light Condition**

- 
- Dawn
- 
- 
- Day
- 
- 
- Dusk
- 
- 
- Night
- 
- 
- Dark Night
- 
- 
- Bright Night
- 
- 
- Not Reported

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- 
- Clear
- 
- 
- Few
- 
- 
- Partial Obscuration
- 
- 
- Scattered
- 
- 
- Thin Broken
- 
- 
- Thin Overcast
- 
- 
- Unknown

**Ceiling**

- 
- None (clear)
- 
- 
- Broken
- 
- 
- Overcast
- 
- 
- Obscured
- 
- 
- Indefinite
- 
- 
- Unknown

**Restriction to Visibility** *(Check all that apply)*

- 
- None
- 
- 
- Blowing Dust
- 
- 
- Blowing Sand
- 
- 
- Blowing Snow
- 
- 
- Blowing Spray
- 
- 
- Dust
- 
- 
- Fog
- 
- 
- Ground Fog
- 
- 
- Haze
- 
- 
- Ice Fog
- 
- 
- Smoke
- 
- 
- Unknown

**Lowest Cloud Condition Height**2,700 ft AGL**Ceiling Height**3,200 ft AGL**Wind Direction**
 Indicated:  
300 degrees MAG
 Variable**Wind Speed**Velocity: 19 KTS

-or-

- 
- Calm
- 
- 
- Light and Variable

**Wind Gusts**Velocity: 25 KTS

- 
- Gusting
- 
- 
- Not Gusting

**Type of Turbulence** *(Check all that apply)*

- 
- None
- 
- 
- Clear Air
- 
- 
- In Clouds
- 
- 
- Vicinity of Thunderstorm

**Severity of Turbulence**

- 
- Extreme
- 
- 
- Severe
- 
- 
- Moderate
- 
- 
- Moderate Chop
- 
- 
- Light

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

See weather packet and dispatch release

Temperature: 8 (C)  
or \_\_\_\_\_ (F)Altimeter Setting: 29.43 in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: 3 (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

- |                                          |                                   |                                |
|------------------------------------------|-----------------------------------|--------------------------------|
| <b>Amount</b>                            |                                   | <b>Type</b>                    |
| <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**

- |                                          |                                   |                                |
|------------------------------------------|-----------------------------------|--------------------------------|
| <b>Amount</b>                            |                                   | <b>Type</b>                    |
| <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 |

**Type of Precipitation** *(Check all that apply)*

- 
- None
- 
- 
- Rain
- 
- 
- Snow
- 
- 
- Hail
- 
- 
- Rain Showers
- 
- 
- Freezing Rain
- 
- 
- Snow Shower
- 
- 
- Drizzle
- 
- 
- Ice Pellets
- 
- 
- Snow Pellets
- 
- 
- Snow Grains
- 
- 
- Ice Crystals
- 
- 
- Ice Pellets Shower
- 
- 
- Freezing Drizzle

**Intensity of Precipitation**

- 
- Light
- 
- 
- Moderate
- 
- 
- Heavy



**PILOT "A" INFORMATION**

**Pilot "A" Responsibilities at the Time of Accident/Incident**

- Pilot
  Co-Pilot
  Student Pilot
  Flight Instructor
  Check Pilot
  Flight Engineer
  Other Flight Crew

**Pilot "A" Identification**

First Name: Stephen City: Dallas  
 Middle Initial: M State: Texas ZIP: 75235  
 Last Name: Leyba Country: USA  
 Age at time of Accident/Incident: 52 Date of Birth: 1959 Certificate Number: [REDACTED] **+**  
 mm/dd/yyyy

**Degree of Injury**

- None  Fatal  
 Minor  Unknown  
 Serious

**Seat Occupied**

- Left  Front  Unknown  
 Right  Rear  
 Center  Single

**Seat Belt**

- Used  Yes  No  
 Available  Yes  No

**Shoulder Harness**

- Used  Yes  No  
 Available  Yes  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**

- Pilot  
 Other  
 Unknown

**Medical Certificate**

- None  Class 3  
 Class 1  Driver's License (Sport Pilot only)  
 Class 2  Unknown

**Medical Certificate Validity**

- Without limitations/waivers  
 With limitations/waivers  
 Unknown

**Date of Last Medical**

02/07/2012  
 mm/dd/yyyy

**Medical Certificate Limitations**

Must wear corrective lenses for near and distant vision. Not valid for any class after 2/28/2013.

**Medical Certificate Waivers**

None

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

11/02/2011  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Boeing  
 Model: 737

**Airplane Rating(s)** *(Check all that apply)*

- None  
 Single-Engine Land  
 Single-Engine Sea  
 Multiengine Land  
 Multiengine Sea

**Other Aircraft Rating(s)** *(Check all that apply)*

- None  
 Airship  
 Free Balloon  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift

**Instrument Rating(s)** *(Check all that apply)*

- None  
 Airplane  
 Helicopter  
 Powered Lift

**Instructor Rating(s)** *(Check all that apply)*

- None  
 Airplane Single-Engine  
 Airplane Multi-Engine  
 Gyroplane  
 Powered Lift  
 Instrument Airplane  
 Instrument Helicopter  
 Helicopter  
 Glider  
 Sport

**Type Ratings**

B-737

**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
						Actual	Simulated			
Total Time	23,500	20,550	40	23,460	6,000	5,000	500	0	0	0
Pilot in Command (PIC)	16,000	13,500	10	15,500	4,000	2,500	250	0	0	0
Time as Instructor	100	100	0	100	50	10	5	0	0	0
This Make/Model										
Last 90 Days	200	200	0	200	20	10	0	0	0	0
Last 30 Days	75	75	0	75	15	15	0	0	0	0
Last 24 Hours	7	7	0	7	0	0	0	0	0	0

## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

Pilot
  Co-Pilot
  Student Pilot
  Flight Instructor
  Check Pilot
  Flight Engineer
  Other Flight Crew

### Pilot "B" Identification

First Name: Brett City: Dallas  
 Middle Initial: A State: Texas ZIP: 75235  
 Last Name: Dixon Country: USA

Age at time of Accident/Incident: 44 Date of Birth:            1967 Certificate Number:             
*mm/dd/yyyy*

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <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	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> 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

<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>07/18/2011</u> <i>mm/dd/yyyy</i>
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### Medical Certificate Limitations

None

### Medical Certificate Waivers

None

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

09/17/2011  
*mm/dd/yyyy*

### Flight Review Aircraft

Make: Boeing  
 Model: 737

### Airplane Rating(s) (Check all that apply)

None  
 Single-Engine Land  
 Single-Engine Sea  
 Multiengine Land  
 Multiengine Sea

### Other Aircraft Rating(s) (Check all that apply)

None  
 Airship  
 Free Balloon  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift

### Instrument Rating(s) (Check all that apply)

None  
 Airplane  
 Helicopter  
 Powered Lift

### Instructor Rating(s) (Check all that apply)

None  Instrument Airplane  
 Airplane Single-Engine  Instrument Helicopter  
 Airplane Multi-Engine  Helicopter  
 Gyroplane  Glider  
 Powered Lift  Sport

### Type Ratings

B-737

### Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	9,887	6,010	1,470	8,412	1,400	600	200	0	0	0
Pilot in Command (PIC)	1,977	0	1,177	800	300	120	30	0	0	0
Time as Instructor	1,100	0	1,100	0	150	70	30	0	0	0
This Make/Model					900	360	40			
Last 90 Days	208	208	0	208	30	12	0	0	0	0
Last 30 Days	75	75	0	75	11	5	0	0	0	0
Last 24 Hours	3	3	0	3	0	0	0	0	0	0



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

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> 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	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> 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	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> 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	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

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

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Marla</u> City: <u>Dallas</u> Middle Initial: _____ State: <u>Texas</u> ZIP: <u>75235</u> Last Name: <u>Ogdee</u> Country: <u>USA</u>	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Melody</u> City: <u>Dallas</u> Middle Initial: _____ State: <u>Texas</u> ZIP: <u>75235</u> Last Name: <u>Carroll</u> Country: <u>USA</u>	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Kim</u> City: <u>Dallas</u> Middle Initial: _____ State: <u>Texas</u> ZIP: <u>75235</u> Last Name: <u>Luedtke</u> Country: <u>USA</u>	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>135 Passengers</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.

While in cruise flight at FL360, near the Pawnee City, NE VORTAC (PWE), the aircraft encountered 2 to 3 seconds of turbulence. The Captain immediately told the Flight Attendants to take their seats upon encountering the turbulence. The Flight Attendants classified the turbulence as moderate and the Captain reported that the encounter may have been due to wake turbulence. The seat belt sign was illuminated and the Flight Attendants were completing their second in-flight service. Two Flight Attendants were standing in the aft galley at the time of the turbulence. One Flight Attendant injured her right wrist and it began to swell. Ice was applied and all Flight Attendants performed all required Safety duties for the remainder of the flight. Upon arrival in LAX, two Flight Attendants went to the Company clinic. One Flight Attendant was referred to an orthopedist and later learned of a fracture in her right wrist.

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

Operator/Owner Safety Recommendation



**ADDITIONAL INFORMATION** *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

**Date of this Report**

03/20/2012

*mm/dd/yyyy*

**Signature and Name of Pilot/Operator**

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

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

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

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

Type or Print Name: Dennis Post

Title: Safety Investigator, Southwest Airlines

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**  
WPR12LA119

**Reviewed by NTSB Regional Office**  
WPR

**Name of Investigator**  
Anderson

**Date Report Received**  
3/19/12