

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

<b>Location</b>					
Nearest City/Place, State, Zip Code <u>Indianapolis Indiana</u>		Date of Accident <u>Jan 24, 02</u>	Local Time (24 HOUR CLOCK) <u>14:00</u>	Zone <u>CST</u>	Elevation At Accident Site <u>820'</u> Feet MSL ____ Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information					
<b>Proximity To Airport</b>					
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile	
2. <input checked="" type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles	
7. <input type="checkbox"/> Within 3 Miles		8. <input type="checkbox"/> Beyond 3 Miles			
Airport Name <u>Indianapolis</u>		Airport Ident <u>IND</u>		Runway/Landing Surface Conditions:	
		1. <input type="checkbox"/> Direction:		3. <input type="checkbox"/> Width:	
		2. <input type="checkbox"/> Length:		4. <input type="checkbox"/> Surface: <u>N/A</u>	
5. <input type="checkbox"/> Condition:					
<b>Phase Of Operation:</b>					
1. <input checked="" type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff		5. <input type="checkbox"/> Cruise	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb		6. <input type="checkbox"/> Descent	
7. <input type="checkbox"/> Approach		8. <input type="checkbox"/> Landing		9. <input type="checkbox"/> Hover/Maneuver	
10. <input type="checkbox"/> Altitude Of In-Flight Occurrence		____ Feet MSL			
<b>Aircraft Information</b>					
Registration Mark <u>N754NW</u>		Aircraft Manufacturer <u>Douglas</u>		Aircraft Type/Model <u>DC9-40</u>	
Serial Number <u>47178-323</u>		Cert Max Gross WT <u>115,000</u> #s			
Type Of Aircraft		Type Of Airworthiness Certificate		Amateur Built	
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible		1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight		2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane			
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify			
1. <input type="checkbox"/> Normal		5. <input type="checkbox"/> Restricted			
2. <input type="checkbox"/> Utility		6. <input type="checkbox"/> Limited			
3. <input type="checkbox"/> Acrobatic		7. <input type="checkbox"/> Experimental			
4. <input checked="" type="checkbox"/> Transport		8. <input type="checkbox"/> Specify			
<b>Landing Gear</b>					No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed					Flight/Cabin
2. <input checked="" type="checkbox"/> Tricycle—Retractable					Crew <u>5</u>
3. <input type="checkbox"/> Tailwheel—Fixed					Pax <u>115</u>
4. <input type="checkbox"/> Tailwheel—Retractable					
5. <input type="checkbox"/> Tailwheel—Retractable Mains					
6. <input type="checkbox"/> Amphibian					
7. <input type="checkbox"/> Skid					
8. <input type="checkbox"/> Limited					
9. <input type="checkbox"/> Specify					
<b>Stall Warning System Installed</b>		<b>IFR Equipped</b>		<b>Engine Type</b>	
1. <input checked="" type="checkbox"/> Yes		1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Reciprocating—Carburetor	
2. <input type="checkbox"/> No		2. <input type="checkbox"/> No		2. <input type="checkbox"/> Reciprocating—Fuel Injected	
				3. <input type="checkbox"/> Turbo Prop	
				4. <input checked="" type="checkbox"/> Turbo Jet	
				5. <input type="checkbox"/> Turbo Fan	
				6. <input type="checkbox"/> Turbo Shaft	
<b>Engine Manufacturer</b>		<b>Engine Model/Serial</b>		<b>Engine Rated Power</b>	
<u>Pratt + Whitney</u>		<u>JT8D-11</u>		1. _____ Horsepower	
				2. <u>15,200</u> Lbs Thrust	
				<b>Type Of Fire Extinguishing System Used</b>	
				1. None	
				2. Specify <u>Dual loop</u>	
<b>Engine(s)</b>	<b>Date of Mfg.</b>	<b>Mfg. Serial No.</b>	<b>Total Time</b>	<b>Time Since Inspection</b>	<b>Time Since Overhaul</b>
Engine No. 1		<u>176CTD</u>	<u>59673</u> Hours	Hours	<u>746</u> Hours
Engine No. 2		<u>647178</u>	<u>52563</u> Hours	Hours	<u>2031</u> Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours
<b>Type Of Maintenance Program</b>			<b>Type Of Last Inspection</b>		
1. <input type="checkbox"/> Annual			1. <input type="checkbox"/> Annual		
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		
3. <input checked="" type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input checked="" type="checkbox"/> AAIP		
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		
5. <input type="checkbox"/> Specify					
			<b>Date Last Inspection Performed</b>		
			<u>4 check Sep 11 / 2001</u> (M/D/Y)		
			Time Since Last Inspection		
			<u>76188.28</u> Hours		
			Airframe Total Time		
			Hours		
<b>Emergency Locator Transmitter (ELT)</b>		<b>ELT Manufacturer</b>		<b>Model/Serial</b>	
<u>N/A</u>					
<b>Switch</b>		<b>Operated</b>		<b>Aided In Accident Location</b>	
1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
<b>Registered Aircraft Owner</b>				<b>Address</b>	
<u>Northwest Airlines, Inc</u>				<u>5701 Northwest Dr.</u>	
				<u>St. Paul MN 55111</u>	
<b>Operator Of Aircraft</b>				<b>Address</b>	
1. <input checked="" type="checkbox"/> Same As Registered Owner				1. <input checked="" type="checkbox"/> Same As Registered Owner	
2. Name				2. _____	
3. DBS:				3. _____	

<b>Owner / Operator Information (cont.)</b>											
Operator (Certificate Number) <u>NWAA 301A</u>			Operator Designator (4 Letter Designator) <u>NWA</u>								
<b>Purpose Of Flight And Type Of Operation</b>											
<b>Regulation Flight Conductor Under</b> 1. <input type="checkbox"/> FAR91 (only)    4. <input checked="" type="checkbox"/> FAR 121    7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D    5. <input type="checkbox"/> FAR 125    8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103    6. <input type="checkbox"/> FAR 129    9. <input type="checkbox"/> FAR 137					<b>Operator Authority</b> FAR121 1. <input checked="" type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental  FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load  FAR125 7. <input type="checkbox"/> Large Aircraft  FAR 129 8. <input type="checkbox"/> Foreign		<u>FAR 121, 125, 127, 129, 135</u> <b>Revenue Operations</b> 1. <input checked="" type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
<b>Purpose of Flight</b> 1. <input type="checkbox"/> Personal    6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business    7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational    8. <input checked="" type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate    9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application    10. <input type="checkbox"/> Positioning											
<b>Pilot Information</b>											
Pilot Name <u>Tilford Sharp</u>			Pilot Certificate No. [REDACTED]		Address <u>Rockstar, MA 01236</u>			Nationality <u>USA</u>			
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input checked="" type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private    4. <input checked="" type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____											
<b>Rating (s)</b> 1. <input type="checkbox"/> None    6. <input type="checkbox"/> Helicopter 2. <input type="checkbox"/> Single Engine Land    7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea    8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land    9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea    10. <input type="checkbox"/> Gyroplane					<b>Instrument Rating (s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating (s)</b> 1. <input checked="" type="checkbox"/> None    6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E.    7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E.    8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter    9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider				
<b>Type Ratings/Student Endorsements</b> <u>DC9 Type</u>					<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>		<b>BFR Aircraft</b> 1. Make _____ 2. Model _____				
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b> <u>8/21/2001</u>		<b>Limitations</b> Waivers _____			<b>Date Of Birth (M/D/Y)</b> [REDACTED] / 57			
<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input checked="" type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		<b>Person At Controls At Time Of Accident</b> 1. <input checked="" type="checkbox"/> Pilot In Control    4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot    5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input type="checkbox"/> Pilot Logbook    4. <input checked="" type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Alpine Single Engine</b>	<b>Alpine Multiengine</b>	<b>Night</b>	<b>Instrument</b>	<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>	
Total Time		<u>12264</u>	<u>3417</u>				Actual Simulated				
Pilot In Command (PIC)		<u>3417</u>									
Instructor											
This Make & Model		[REDACTED]									
Last 90 Days		<u>1343</u>									
Last 30 Days		<u>5217</u>									
Last 24 Hours		<u>340</u>									
<b>Second Pilot Information</b>											
<b>Second Pilot Responsibilities At The Time Of Accident</b> 1. <input checked="" type="checkbox"/> Co-Pilot    2. <input type="checkbox"/> Dual Student    3. <input type="checkbox"/> Safety Pilot    4. <input type="checkbox"/> Check Pilot    5. <input type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name <u>Mark Frankina</u>			Pilot Certificate No. [REDACTED]		Address <u>Talaba OH 43606</u>			Nationality <u>USA</u>			
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input checked="" type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. None 2. <input type="checkbox"/> Private    4. <input checked="" type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____											

Second Pilot Information (cont.)															
<b>Rating (s)</b>				<b>Instrument Rating (s)</b>				<b>Instructor Rating (s)</b>							
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		1. <input checked="" type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane							
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input checked="" type="checkbox"/> Airplane		2. <input type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter							
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon		3. <input type="checkbox"/> Helicopter		3. <input type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor							
4. <input checked="" type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship				4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____							
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider									
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>				<b>BFR Aircraft</b> 1. Make _____ 2. Model _____							
<b>Medical Certificate</b> 1. <input type="checkbox"/> None      3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1      4. <input type="checkbox"/> Class 3				<b>Date Of Last Medical (M/D/Y)</b> <u>9/4/01</u>				<b>Limitations</b>  <b>Waivers</b>				<b>Date Of Birth (M/D/Y)</b> <u>      /      /66</u>			
<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None      3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor      4. <input type="checkbox"/> Fatal				<b>Seat Occupied</b> 1. <input type="checkbox"/> Left      3. <input type="checkbox"/> Center      5. <input type="checkbox"/> Rear 2. <input checked="" type="checkbox"/> Right      4. <input type="checkbox"/> Front				<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No							
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input checked="" type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____							
<b>Flight Time</b>	<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b> Actual    Simulated		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>					
Total Time	<u>50:16</u>	<u>25:16</u>													
Pilot In Command (PIC)															
Instructor															
This Make & Model															
Last 90 Days	<u>127 hrs</u>														
Last 30 Days	<u>58:43</u>														
Last 24 Hours	<u>3:40</u>														
<b>Other Personnel</b>															
<b>Name</b>	<b>Seat</b>	<b>Address (City &amp; State)</b>			<b>Crew</b>	<b>Non-Revenue</b>	<b>Revenue</b>	<b>Non-Occupant</b>	<b>FAA</b>	<b>Fatal Serious Minor None</b>					
1.															
2.															
3.															
4.															
5.															
6.															
<b>Flight Itinerary Information</b>															
<b>Last Departure Point</b>		<b>Time Of Departure</b>		<b>Destination</b>		<b>Flight Plan Filed</b>									
1. Airport ID <u>IND</u>		1. Time <u>1323</u>		1. Airport ID <u>DTW</u>		1. <input type="checkbox"/> None		4. <input type="checkbox"/> VFR/MFR							
2. City/Place <u>Indianapolis</u>		2. Time Zone <u>CST</u>		2. City/Place <u>Detroit</u>		2. <input type="checkbox"/> VFR		5. <input type="checkbox"/> Company (VFR)							
3. State <u>IN</u>				3. State <u>MI</u>		3. <input checked="" type="checkbox"/> IFR		6. <input type="checkbox"/> Military (VFR)							
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished															
<b>Fuel On Board At Last Takeoff</b>				<b>Fuel Type</b>											
Gallons _____ or _____ Pounds <u>100.00</u>				1. <input type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130				4. <input type="checkbox"/> 115/145 5. <input checked="" type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive				7. Specify _____			
<b>Other Services, If Any, Prior to Departure</b>															
<b>Weather Information At The Accident Site</b>															
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b> <u>VFR</u>				<b>Light Condition</b> 1. <input type="checkbox"/> Dawn      3. <input type="checkbox"/> Dusk      5. <input type="checkbox"/> Dark Night 2. <input checked="" type="checkbox"/> Daylight      4. <input type="checkbox"/> Bright Night				<b>Visibility</b> <u>10</u> Miles		<b>Temp (°F)</b> <u>48°</u>					

Weather Information At The Accident Site (cont.)					
Dew Point  36° (°F)	Altimeter Setting  30.00 "Hg	Sky/Lowest Cloud Condition 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL		4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured	
Wind Information 1. Direction <u>310</u> 2. Velocity <u>15</u> Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input checked="" type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. <input type="checkbox"/> Specify _____	
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Light    3. <input type="checkbox"/> Moderate    4. <input type="checkbox"/> Severe    5. <input type="checkbox"/> Extreme    6. <input type="checkbox"/> Clean Air    7. <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage 1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes    3. <input type="checkbox"/> In-Flight 2. <input checked="" type="checkbox"/> No    4. <input checked="" type="checkbox"/> On Ground	
Description Of Damage To Aircraft And Other Property  Door 1L and 1R slides were replaced. Rt engine fuel control replaced.					
Mechanical Malfunction Failure					
1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes		List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure  Fuel Control  09-7321-9-0017 95749		Total Time  On Part    At Overhaul <u>12,000</u> Hours    _____ Hours	
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed    3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> None		
Registered Aircraft Owner		Address			
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received 1. <input type="checkbox"/> Outside Person (s)    3. <input checked="" type="checkbox"/> Slide    5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting    4. <input type="checkbox"/> Rope    6. <input type="checkbox"/> Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door <u>45</u> 2. Auxiliary Door <u>30</u> 3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)  Crew should not have evacuated.					

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) 1. <input type="checkbox"/> Student                      3. <input type="checkbox"/> Commercial                      5. <input type="checkbox"/> Flight Instructor                      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private                      4. <input type="checkbox"/> Airline Transport                      6. <input type="checkbox"/> Flight Engineer                      8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) 1. <input type="checkbox"/> Student                      3. <input type="checkbox"/> Commercial                      5. <input type="checkbox"/> Flight Instructor                      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private                      4. <input type="checkbox"/> Airline Transport                      6. <input type="checkbox"/> Flight Engineer                      8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
Certificate(s) 1. <input type="checkbox"/> Student                      3. <input type="checkbox"/> Commercial                      5. <input type="checkbox"/> Flight Instructor                      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private                      4. <input type="checkbox"/> Airline Transport                      6. <input type="checkbox"/> Flight Engineer                      8. Specify _____			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____

**Narrative History Of Flight**

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

**For NTSB Use Only**

NTSB Accident No.

Reviewed By NTSB Office Located At

Name Of Investigator

Date Report Received

CH202UA069

W. Chicago, IL

P.S. Sullivan

2/1/02



# Air Safety Report

☒ NASAP

NASA ASRS Filed?

Yes ☐ No ☐

Captain TILFORD SHARP PF LPNF Base DTW Employee No. 025857  
First Officer MARK TRANKINA PF PNF Base DTW Employee No. 236719  
Second Officer \_\_\_\_\_ Base \_\_\_\_\_ Employee No. \_\_\_\_\_  
Your Flying Time (estim.) Total: 12,000 Time In Type: 2500

Date: Jan 24 2002 Time: 1955 Z (UTC)  
Flight No. 1118 From IND To DTW Divert To \_\_\_\_\_  
Location/Fix IND RWY 32 Penalty Box  
A/C No. 9754 Logbook Ref \_\_\_\_\_  
Emergency Declared? No ☐ Yes ☐ Code: Red ☐ Yellow ☐  
Flight Phase: (Circle One) At Gate/Pushback/Powerback/Taxi-Out/Takeoff/Initial Climb/Climb/Cruise/  
Holding/Descent/Approach/Landing/Taxi-In/Towing  
Altitude/Flt Level \_\_\_\_\_ ft. Runway/Taxiway/Gate ID IND 32  
ATC Facility \_\_\_\_\_ Radio Frequency 620.0  
IAS/Mach \_\_\_\_\_ kts. Runway/Taxiway Condition: Dry Wet/Ice/Snow/Slush  
Heading \_\_\_\_\_ deg. Reported Braking Action \_\_\_\_\_  
Actual Wx VFR Wind \_\_\_\_\_ Vis \_\_\_\_\_ Ceiling \_\_\_\_\_ Temp \_\_\_\_\_ QNH \_\_\_\_\_

Description of Incident (include contributing factors, significant weather, perceptions, judgment, corrective action and other information)

ENGINE FIRE WITH EVACUATION. Contributing Factors;  
AFTER Push back the right engine DID NOT LIGHT OFF. Performed  
Clearing procedure - STARTED Left engine NO problems - AFTER  
ensuring N<sub>1</sub> & N<sub>2</sub> were 0 we once again STARTED RIGHT engine.  
ALL indications NORMAL WITH EGT LOW AND fuel flow 300-400 PPH  
Taxied out TO RWY 32 - ATC issued a 20 MIN delay - we  
shut down engines - AFTER 15 MIN GROUND SAID TO START  
the engines. Again the right engine did not light off  
Performed Clearing procedure (continued on other side)

## NASAP

For reports involving possible FAR violation and/or SOPA/SMAC deviation, and items of a serious general safety concern, check the NASAP box in the upper right-hand corner. You will receive a PENTRY response for all NASAP reports submitted. Each crew member should complete an individual NASAP report.

To be included in the NASAP, submit report within 24 hours of the event. If you cannot submit via ATLAS or FAX, call 1-800-NWA-SAFE (1-888-8NWA-AFAX) within 24 hours, call 1-800-NWA-SAFE to report via voicemail. YOU MUST FOLLOW WITH AN ELECTRONIC SUBMISSION (ATLAS) OR FAX AS SOON AS POSSIBLE. It is suggested that the submitting pilot keep the original report.

Signature \_\_\_\_\_ CA \_\_\_\_\_ FO \_\_\_\_\_ SO \_\_\_\_\_ Date/time submitted \_\_\_\_\_

Description (continued)/Recommendations:

STARTED THE LEFT WITH NO PROBLEMS WITH  $O_2$   $N_2$  WE STARTED THE RIGHT ENGINE WITH A LOW FUEL FLOW AND EGT OF 120°C. GROUND REPORTED SMOKE THEN A FEW SECONDS LATER FIRE ON RIGHT ENGINE. WE PERFORMED THE ENGINE FIRE CHECKLIST DISCHARGING BOTTLE #2 - SOON GROUND SAID THERE WAS STILL FIRE; WE DISCHARGED #1 AND PERFORMED EMERGENCY EVACUATION. DURING MY "EVACUATE THE A/C" I ASKED EVERYONE TO COME FORWARD FOR EVACUATION. FLIGHT ATTENDANTS PERFORMED OUTSTANDINGLY & THE PAX DID NOT PANIC OR RUSH. IN FIRE & RESCUE RESPONSE WAS IMMEDIATE.

NEARMISS - ATC - TCAS RA - GPWS - WAKE TURBULENCE - WIND SHEAR - DATA

Nearmiss: (please draw view of event on charts provided below)

Minimum Vertical Separation \_\_\_\_\_

Minimum Horizontal Separation \_\_\_\_\_

TCAS Alert \_\_\_\_\_ RA/TA/None

Clear of Conflict Received \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of RA \_\_\_\_\_

Describe Aft Markings observed \_\_\_\_\_

GPWS Alert

- Type of alert: \_\_\_\_\_
- Recovery accomplished \_\_\_\_\_ Yes \_\_\_\_\_ No
- Actual or Nuisance (circle one)

Turbulence & Windshear (including Wake)

Heading \_\_\_\_\_ Deg Turning \_\_\_\_\_ LEFT/RIGHT/ON

Position on Glideslope \_\_\_\_\_ HIGH/LOW/ON

Position on Course Line \_\_\_\_\_ LEFT/RIGHT/ON

Change in Attitude Pitch \_\_\_\_\_ Roll \_\_\_\_\_ Yaw \_\_\_\_\_ Deg \_\_\_\_\_

Change in Altitude \_\_\_\_\_ Feet

Wind Shear Warning \_\_\_\_\_ ATC \_\_\_\_\_ Aircraft

TP in Effect \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ TP ID

Was there Buffet? \_\_\_\_\_ Yes \_\_\_\_\_ No

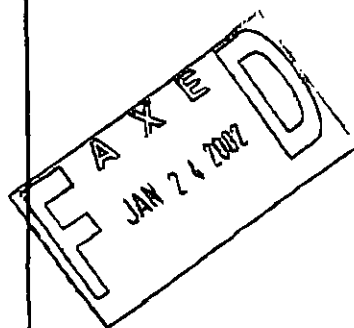
Stick Shaker? \_\_\_\_\_ Yes \_\_\_\_\_ No

Details of Preceding Aircraft if Known \_\_\_\_\_

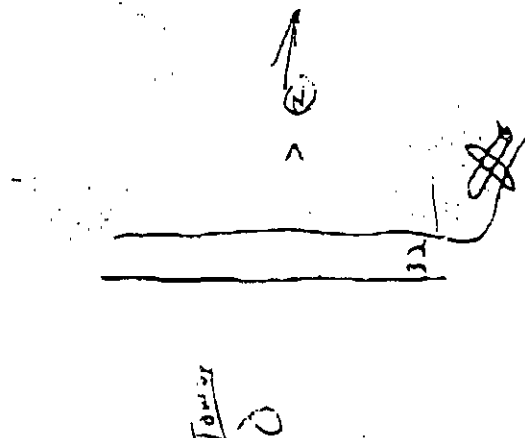
ATC Alert \_\_\_\_\_ Yes \_\_\_\_\_ No

DIAGRAM INFORMATION OF ACCIDENT/INCIDENT/EVENT SCENE

View from BEHIND



View from ABOVE





# FLIGHT OPERATIONS

## FLIGHT SAFETY DIVISION

### INCIDENT REPORT / DEBRIEF SUMMARY

**NORTHWEST AIRLINES FLIGHT 1118  
DOUGLAS DC9-40  
INDIANAPOLIS INTERNATIONAL AIRPORT - IND  
JANUARY 24, 2002**

#### **Tailpipe Fire / Emergency Evacuation**

*Aside: This report is merely a summary of the safety debrief held on 1/29/02. Tech Ops is the lead on this investigation and their final report will be forthcoming.*

#### **SUMMARY**

On January 24, at approximately 1400 CST, Northwest Airlines flight 1118 suffered what appears to have been a tailpipe fire. A subsequent emergency evacuation was executed through doors 1L and 1R. All passengers and flight crew evacuated the aircraft without incident. There was one passenger who suffered a serious injury. There was no damage to the aircraft.

#### **1. FACTUAL INFORMATION**

##### **1.1 History of the flight**

NW 1118 is a regularly scheduled flight from IND to DTW. According to statements taken from the flight crew during the NW 1118 safety debrief, the aircraft was boarded and pushed back from the gate without incident. After being given the clearance to start engines, the captain called for the right engine to be started.

Upon starting the right engine, the crew received an abnormal start. The engine had rotation, oil pressure and N1 however there was no rise in EGT. The first officer pulled out and accomplished the COM procedure for an Unsatisfactory Start and Clearing Procedure. The left engine was then started without incident. The flight crew then attempted to start the right engine again. The engine was started with no problems.

While taxiing to runway 32, IND ground informed the crew to pull off into a waiting area because their departure was being delayed for "flow control into DTW." Both engines were shutdown.

After receiving a clearance to taxi to runway 32, the flight crew again started engines. The crew attempted to start the right first. The engine indicated a rotation, oil pressure, N1 however there was very little EGT rise. The crew was about to shutdown the engine and return to the gate, when ground control informed the crew that there was excessive smoke coming from the engine.

It appears that an ARFF chief was parked directly behind NW 1118 and was relaying information to the IND ground controller. The ground controller then informed the crew that the engine was on

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fire. The captain and first officer did not see any fire indications in the flight deck, however the Engine Fire Red Boarder Checklist was accomplished. After blowing both bottles, ground control informed the crew that the engine fire had not extinguished and they should "Go ahead and evacuate."

The captain immediately called for and began to execute the evacuation checklist. As the flight attendants heard the "easy victor" calls, they immediately yelled for passenger to release their belts and stand. At this time, the aft flight attendant began to smell and see smoke in the back of the aircraft. As the captain commanded to evacuate the aircraft, the flight attendants began to open their respective doors. As the aft flight attendant opened the tailcone access door, the captain announced over the P.A. to use the forward exits. The aft flight attendant then commanded all passengers to move toward the front of the aircraft. Both overwing exits were opened, however neither were used for egress. One of the forward flight attendants began to open door 1R, however she felt that it became stuck. A passenger pushed on the door and the door opened without incident. The flight attendant then pulled the slide handle to inflate the slide. The lead flight attendant opened door 1R and inflated the slide without incident.

All passengers exited the aircraft through doors 1L and 1R within approximately 2 – 3 minutes. Several passengers took their personal belongings with them, despite being told to leave their belonging on the aircraft. There was one passenger of large stature who attempted to egress through door 1R. This passenger fell over the side of the slide and was seriously injured.

The captain and first officer completed their evacuation checklist and evacuated out of door 1L with the other passengers. The ARFF crew doused the right engine with water and extinguished the fire.

### 1.2 Injuries to persons

One passenger broke a bone in his arm as well as suffering ligament damage to his knee. The NTSB constitutes this as a serious injury.

### 1.3 Meteorological information

Sky conditions were clear with unlimited visibility. Temperature was 38 dg F.