## 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						D	ate/Time					
Nearest City/Place: Midpines State: CA				CA	Date: 12/01/2011 Local Time: 1953					_		
ZIP: 95345 Co	ountry: Unit	ed States					mm/dd/yy			Zone: PS		
Latitude: 37:39:36N (	dd:mm:ss N/S	S) Longitude: 119	9:27:48W	_(ddd	:mm:ss E/W)							
Phase of Operation		r 1. 176 ·					ollision with O	ther Airc		Altitude of Occurrenc	In-Flight	
☐ Taxi ☐ Climb	•	climb)			Hover Other		Midair On-ground			Securrenc		
□ Descent □ Landing □ Approach □ Unknown ☑ None □											30,000 ft	MSL
AIRCRAFT INFORMATION												
Manufacturer: Boeing							Max Gross W	eight:	154	1,500 lbs		
Model: 737-7H4						3	Weight at Tir			15 (6 1) (6 1)		lbs
Serial Number: 32517							Location of C	enter of (				
Registration Number:	N261WN		Amateur-	built:	☐ Yes 🗹 N	lo	-or-				or	
Category of Aircraft	Type of	Airworthiness (	Certificate		Numbou	660	ats:1		Landin		Retract	
		that apply)									al landing gea	
Balloon Blimp/Dirigible	Standard				If Large Airc	craft	, how many seats	for:		ration that a		
Glider	☐ Norma ☐ Utility		estricted mited		Flight C	rew	r:	4	Tric	ycle	☐ Tai	ilwheel
Gyrocraft Helicopter	☐ Acroba	atic 🔲 Pr	ovisional				r:			phibian		gh Skid
Powered lift			operimental pecial Flight		Passeng	ers:	1	37	☐ Eme	ergency Floa	t Ski	
Ultralight Spe						[			Hul	☐ Hull ☐ Ski/Wheel		
Unknown								18001% OV 17444		nown	11100111	
Type of Maintenance P  ☐ Annual	rogram		Name of the second	_	ion Type	Date Last Inspection: 11/30/11 mm/dd/yyyy					_	
Conditional (Amateur-b			☐ 100 H ☐ AAIP									
☐ Manufacturer's Inspection ☐ Other Approved Inspect		(AAIP)	Annua	<u>—</u>			Airframe Total Time: 18,350				50_hrs	
Continuous Airworthine		(AAII )										mt/Imaidant
Other, specify:			0, ", ",		- C T	Last Inspection  Time of Accident/Incident					invincident	
IFR Equipped  ☑ Yes □ No □ Unk	nown				g System Ins	None None						
MA TES TIMO TIME	MIOWII		Y res		Olikno	Specify Halon						
	LT Activa		ELT Ma	anufa	cturer:							
☐ Yes ☑ No ☐	Yes 🔽	No										
ELT Aided in Locating	Accident/	Incident	Serial N	umb	er:							
☐ Yes ☐ No			Battery	Туре	»:				Batter	y Exp. Da	te:	
Engine Type		Reciprocation	ng Fuel	P	ropeller							
	irbo Jet	System Type  Carburetor		-	T Fived Ditch		Manufac	turer:				
☐ Turbo Shaft     ☑ Turbo Fan     ☐ Carburetor     ☐ Fixed Pitch       ☐ Turbo Prop     ☐ Unknown     ☐ Fuel Injected     ☐ Controllable				Controllable	Pito							
								Engine R				
							D .	Power M		Total	Time	Time
		Engine		Man	ufacturer's		Date of Mfg.	☐ Hors	sepower or	Total Time	Since Inspection	Since Overhaul
Engine Engine Manufac	turer	Model/Series		Seri	al Number		mm/dd/yyyy	☑ lbs o		(hours)	(hours)	(hours)
Eng. 1 General Electric		CFM56-7B24		89434 89436			12/14/2006		24000	4,000	79 79	
Eng. 2 General Electric		CFM56-7B24		09430			12/14/2006		24000	18,429	79	
Eng. 3 Eng. 4												
B. 1		E										

Registered Aircraft Owner	HOLL AND CONTRACTOR OF THE STATE OF THE STAT							
	OWNER/OPERATOR INFORMATION Registered Aircraft Owner							
Name: Southwest Airlines, Co.	City: PO Box 36611 Dallas							
Fractional Ownership Aircraft: Yes 🗹 No	State: Texas ZIP: 75235 Country: United States							
Operator of Aircraft		Same As Registered Owner						
Name:		City: ZIP:						
Doing Business As:	)· SWAA	State: ZIP: Country:	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
Regulation Flight Conducted Under	). <u></u>	Revenue Sightseeing Flig	ht .					
FAR 91 FAR 129 FAR 91 Special F	Flight Public Use (select type)	Yes	☑ No					
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commen  ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-cor ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	rcial	Air Medical Flight ☐ Yes	☑ No					
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Ope (Check all that apply)	rating Certificate Held					
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application	✓ Scheduled or Commuter  Non-Scheduled or Air Taxi  Domestic or International  ✓ Domestic ☐ International	None ☐ Flag Carrier Operating Cer ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (13: ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127)	5)					
Aerial Observation	Cargo Operation	Rotorcraft External Load (	133)					
☐ Air Drop ☐ Air Race / Show	☐ Passenger/Cargo ☐ PassengerHow many?	- or -  Agricultural Aircraft (137)						
☐ Flight Test ☐ Public Use	Other Operator of Large Aircraft							
Unknown	☐ Mail	_ can openior or sanger mount						
OTHER AIRCRAFT - COLLISION (IF	air or ground collision occurred, complete t		Table 98 Sulfation School School					
Registered Owner of Other Aircraft								
First Name:	City:							
Middle Initial:	State:	ZIP:						
Last Name: Pilot of Other Aircraft	Country:							
_ TE TO SERVE DE LA TRANSPORTE CONTRACTOR AND	City:							
First Name: Middle Initial:	State:	ZIP:						
Last Name:	Country:							
MECHANICAL MALFUNCTION/FAIL	URE (If more space is needed, continue of	on separate sheet)						
Was there Mechanical Malfunction/Failure? [ (If yes, list the name of the part, manufacturer, part no., so	Yes No Unknown erial no., and describe the failure.)		Total Time/Cycles On Part					
			Hours					
			Hours					
			Cycles					
			2000 NO.					
			Cycles Time Since This Part					
E CONTRACTOR OF THE CONTRACTOR			Cycles Time Since This Part Inspected/Overhauled					
DAMAGE TO AIRCRAFT AND OTHE Aircraft Damage Aircraft F		Aircraft Explosion	Cycles Time Since This Part Inspected/Overhauled					

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)										
						3				
						lin lin				
AIRPORT INFORMATION (If the	accident/incident occu	irred on appi				17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18				
Airport Identifier:		_	Distance From							
Airport Name:			Direction From	No. 1 1 10 10 10 10 10 10 10 10 10 10 10 10						
Proximity to Airport  Off Airport/Airstn	rip On Airport 0	On Airstrip	Airport Elevat	tion:		ft. MSL				
Approach Segment (Select one)		, lo~	<b>□</b> ••	nal		☐ Go Around				
☐ On Instrument Approach ☐ Landin☐ Crosswind ☐ Downy		e leg / Approach	☐ Fir	nal borted Landing (	after touchdow					
IFR Approach (Check all that apply)			VFR Approach		at apply)					
□ None □ PAR □ ADF/NDB □ Sidestep		Practice GPS	☐ None ☐ Traffic Pattern	ı		op and Go ouch and Go				
□ SDF □ ILS	☐ ASR ☐	Loran	Straight-In		☐ Si	mulated Forced Landing				
□ VOR/TVOR       □ Localizer Only         □ VOR/DME       □ LOC-back course	Contact	Unknown	☐ Valley/Terrain☐ Go Around	. r-onowing	Pr	orced Landing recautionary Landing				
TACAN RNAV	Circling		Full Stop	200		nknown  (Check all that apply)				
Runway Information		191	Condition of R		ng Surface -Compacted	(Check all that apply)  ☐ Water-Calm				
Runway ID:(L/R/C) Length:		ft	Holes	☐ Snow	-Crusted	☐ Water-Choppy				
Runway/Landing Surface (Check all that a			☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet							
☐ Concrete ☐ Gravel ☐ Meta	al/Wood 🔲 Unknown	1	Rubber Deposits Soft Unknown							
Dirt I Ice Snow			Siusii Coverec	. ∟ vege	witon					
FLIGHT ITINERARY INFORMA  Last Departure Point	Time of Departure	Destination	n		Type Fligh	it Plan Filed				
Airport ID: KABQ		Airport ID:			☐ None	☐ VFR/IFR				
City: Albuquerque	Time: <u>1919</u>	City: Oakla			Company Military					
State: New Mexico	Time Zone: MST	State: Calif			☐ VFR	_				
Country: United States		Country: Un	nited States Activated? 🗹 Yes 🗌 No							
Type of ATC Clearance/Service (Check a		ol IEP		ID Eliabe E-11	inα	□ Cruise				
☐ None         ☐ Special VFR           ☐ VFR         ☑ IFR	☐ Specia			FR Flight Follow affic Advisory	ung	☐ Cruise ☐ Unknown / NA				
Airspace where the accident/incident occ		-		The second section of the section of the section of the second section of the section of t						
☑ Class A ☐ Class E	☐ Prol	hibited Area		☐ Jet Training☐ TRSA	g Area	☐ Special ☐ Air Traffic Control Area				
☐ Class B☐ Class G☐ Class C☐ Demo Area	☐ Mili		ns Area (MOA)	☐ FAR 93		Unknown				
Class D Warning Area		port Advisory	Area							
Aircraft Load Description (Check all that  ☐ None ☐ Towing Glide	_	achutists		Livestock						
Passengers	er 🔲 Wat	ter	/0 1	Unknown						
☐ Cargo ☐ Other Externa		emical/Fertilize	er/Seeds							
FUEL & SERVICES INFORMATEUR Truel on Board at Last Takeoff	Fuel Type									
(convert from pounds, as necessary)	80/87	115/145	☐ JP3	Otl	her, specify					
3,417 Gallons	☐ 100 Low Lead	✓ Jet A	☐ JP4	0.000	-2 dt 🔯 🕮					
	100/130	Automotiv	VC 1 1 1P3							
Other Services, if Any, Prior to Departu	□ 100/130	☐ Automotiv	ve 🔲 Jr3							
Other Services, if Any, Prior to Departu	_	Automotiv	ve 🔲 Jr5							
Other Services, if Any, Prior to Departu	_	Automotiv	AG NES							

WEATHER INFORMATION AT THE ACCIDENT/INGIDENT STE  Weather Observation Pacility Feeling In. MMH Observation Time: 1955   Source of Weather Information   Check all that apply)   Present from Accident Size   Osg. degrees MACI   Oscervation Pacility   Present of the Arcent Realio   Oscervation Pacility   Present of the Arcent Realio   Oscervation Pacility   Present of the Arcent Realio   Oscervation Pacility   Oscervation Time: 1955   Source of Weather Information   Check all that apply)   Internation   Oscervation Pacility   Oscervation Time: 1955   Source of Weather Information   Oscervation Pacility   Oscervation Time: 1955   Source of Weather Information   Oscervation Pacility   Oscervation Time: 2005   Oscervation Pacility   Oscervation Time: 2005   Oscervation Pacility   Oscervation   Oscervation Pacility   Oscervation Pacility   Oscervation Pacility   Oscervation Pacility   Oscervation Pacility   Oscervation Pacility   Oscervation   Oscervation Pacility   Oscervation Pac	<b>EVACUATION OF AIR</b>	CRAFT												
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT STE	Was an emergency evacuation	n of the aircraft	performe	d?	☐ Yes	No				_				
Source of Weather Information   Check all that apply   Pation			26				locati	ion						
Source of Weather Information   Check all that apply   Pation														
Source of Weather Information   Check all that apply   Pation														
Source of Weather Information   Check all that apply   Pation														
Source of Weather Information   Check all that apply   Pation														
Source of Weather Information   Check all that apply   Pation														
Source of Weather Information   Check all that apply   Pation														
Source of Weather Information   Check all that apply   Pation														
Facility ID.   KMMH			ACCIL	$\overline{}$	A CONTRACTOR OF THE PARTY OF THE PARTY.	CONTRACTOR DESCRIPTION			John Market Harasan					
Security of Turbulence (Check all that apply)   Obscuration   Type of Turbulence (Check all that apply)   Obscuration   Obscur		у				nformation		- A - L						
Observation Time: 1955   Flight Service Station   Commercial Weather Service (DUATS)   Commercial Weather Service (DUATS)	and the second s		-	☑ Na	ational Weather Se				☐ In Person					
Distance from Accident Site: 30 NM   Automated Report   Commercial Weather Service (DUATS)   Unknown   Alternaft Radio   Unknown   Commercial Weather Service (DUATS)   Unknown   Alternaft Radio   Unknown   Unknown   Unknown   Unknown   Unknown   Unknown   Dark Night   Dark Nigh	The state of the s		-	☐ Fl	light Service Statio			Military	☐ Teletype					
Direction from Accident Site:		30 >	- IM	☐ A	utomated Report			Unknown	☐ Aircraft Radio					
Firefing Type/Completeness	24 M. 30 M. 30 M. 300M.				ommercial Weathe	r Service (DUA	TS)							
Fault   Abbreviated   Dawn   Dusk   Bright Night   10 miles				Ligh	t Condition				The state of the s					
Partial / Limited by Briefer	<b>☑</b> Full	☐ Abbreviate	ed	D	awn 🔲 D				3					
Sky/Lowest Cloud Condition   Ceiling   None (clear)   Obscured   Restriction to Visibility (Check all that apply)   Fog   Fog   Shoken   Indefinite   Blowing Dust   Ground Fog   Blowing Show   Indefinite   Blowing Show   Indefinite   Blowing Show   Indefinite   Blowing Show   Indefinite   I			ent		ay 🔲 N	right			miles					
Clear		CONTRACTOR CONTRACTOR					Re	estriction to Visibility	y (Check all that apply)					
Scattered	☑ Clear	Thin Broken	✓ None	(clear)										
Scattered   Blowing Snow   Ice Fog   Blowing Snow   Dust   Unknown   Blowing Snow   Blowing Sn								Blowing Sand	☐ Haze					
Celling Height	Scattered	-			8 S			Blowing Snow	☐ Ice Fog					
Wind Direction   Wind Speed   Wind Gusts   Type of Turbulence (Check all that apply)	Lowest Cloud Condition Hei	ght	Ceiling	Heigh	Height				the state of the s					
Indicated:					and the second	ft AGL	-	Am 1						
Clear Air   Vicinity of Thunderstorm   Clear   Moderate   Light   Severity of Turbulence   Extreme   Moderate   Light   Severe   Moderate Chop   Moderate Chop   Clear   Moderate   Clear   Moderate   Clear   Moderate   Clear		7.	6		A CHARACTER CONTROL									
Variable		8 10	o KTS		Velocity:	KTS								
Variable   Light and Variable   Not Gusting   Extreme   Moderate   Light   Li	uogices wind	☐ Calm					1000000							
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident  SIGMET WHISKEY 9 was in effect as well as PIREPS for moderate turbulence that generated Turbulence Plots (TPs). Please see attached Supplemental Weather Information (Supplemental Weather Info.pdf).  Temperature:6 (C)	☐ Variable	Light and Vari	able					Extreme	lerate Light					
SIGMET WHISKEY 9 was in effect as well as PIREPS for moderate turbulence that generated Turbulence Plots (TPs). Please see attached Supplemental Weather Info.pdf).    Temperature:	NOTAN (D. I	AIDMET C	ICM DO	, nr	DIDED: in effect at the time of									
Weather Information (Supplemental Weather Info.pdf).    Temperature:										al				
Temperature:	Weather Information (Suppleme	ental Weather Info.	pdf).	ouerat	o tarbulence that	gonorated Tu	. Juiel	(11 9). Fied:	ээээ аласной баррынынс					
Temperature:	- 11051													
Temperature:														
None														
Temperature:														
Temperature:														
None			_					Two en	ion (Check -11 d					
Altimeter Setting:	Temperature: -6 (C)			unt		Type			The second secon					
Altimeter Setting:	or(F)	ָּבַן בַּ	None			Rime		Rain	☐ Ice Pellets					
Density Altitude:ft	Altimeter Setting: 30.15	in. HG		Ц	Severe			Hail	Snow Grains					
Dew Point: (F)		MB		al				☐ Rain Showers						
or(F)		~	Amou	unt										
	Dew Point:	1 .	Trace			Clear		Intensity of Precin	oitation					

PILOT "A" INFORM	ATION									
Pilot "A" Responsibilities  ✓ Pilot ☐ Co-Pilot	at the Time of Acc	cident/Incide		Check Pilot	☐ Flight	Engineer	Other F	light Crew		
Pilot "A" Identification	Stadent I not	L I ngitt III		Check I not	ngn	_iigiiicoi	_ 3	3	1718	
	<b>.</b> "			O:	Dallae					
First Name: George "Clark Middle Initial: C					City: Dallas State: Texas ZIP: 75235					
Last Name: Ishee, Jr.						ited States			M. Mariak	
Age at time of Accident/Inc	ident:52	Date of Bir	th:		ificate N	umber				
Degree of Injury	Seat Occupi	ed		Seat	Belt			Shoulder H	arness	
Mone Fatal Unknown Serious	Left Right Center	☐ Front ☐ Rear ☐ Single	Unknow	m Used Availa		Access to the second	] No ] No	Used Available	- T	☑ No □ No
Pilot Certificate(s) (Check	all that apply)			100					WING SO	
□ None         □ Str           ☑ Private         □ Fli	ident ght Instructor	☐ Recrea	tional	✓ Commercia ✓ Airline Tra			Flight Engir U.S. Militar	У	Foreign	
Principal Occupation	Medical Certifica	ate				ificate Val		Date of La	ist Medica	l
<b>☑</b> Pilot		Class 3	se (Sport Pilot		d'anna de la company	itations/waivions/waivers		08/22/2	2011	
☐ Other ☐ Unknown		Unknown	ise (Sport Pilot		itii iiiiitat iknown	iono waivels		mm/dd/	vvvv	
Medical Certificate Waive	ers			(I						
Date of Last Flight Review	y -	Flight	Review Airc	raft						
or Equivalent, Including			Boeing	iait						
FAR 121/135 Checks:	09/15/2011	Model:								
A. I. D. C. (2)	mm/dd/yyyy  Other Aircraf			ant Dating(s)		Instructor	r Rating(s)			
Airplane Rating(s) (Check all that apply)	(Check all that a			ent Rating(s) that apply)		(Check all t				
None	None		☐ None	(545-64)		☐ None			Instrument .	
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Free Balloon		✓ Airpla  ☐ Helico			☐ Airplane	e Single-Eng e Multi-Engi		Instrument Helicopter	Helicopter
Multiengine Land	Glider		Power			☐ Gyropla	ne		Glider	
Multiengine Sea	☐ Gyroplane ☐ Helicopter					Powered	d Lift		Sport	
	Powered Lift									
Type Ratings						Student E	indorseme	nts (Include a	lates)	
B737 L-382										
Flight Time (enter appropria number of hours in each box)	ate All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instr Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	17,210	15,710	100	17,110				0	0	
Pilot in Command (PIC)	13,275	11,250	60	13,215				0	0	
Time as Instructor	250	0	0	250				0	0	0
This Make/Model		4								
Last 90 Days	194	194	0					0		_
Last 30 Days	63	63	0	1000				0	0	
Last 24 Hours	0	n l	0	0	ı		1	0	U	

PILOT "B" INFORMAT	ION						(18) A.B.			
Pilot "B" Responsibilities at the	he Time of Acc	ident/Incide	ent			1100 pt		$\mathcal{A}$		
☐ Pilot ☑ Co-Pilot ☐	Student Pilot	☐ Flight In	structor	Check Pilot	☐ Flight F	Engineer	Other F	light Crew		
Pilot "B" Identification										
First Name: Michael				City:	Dallas					
Middle Initial: E				State	: <u>TX</u>		P: <u>75235</u>			
Last Name: Wood				_ Cour	itry: <u>Unit</u>	ed States	3			
Age at time of Accident/Incider	nt:42	Date of Bir	th:/·		ificate Nu	mber:				
Degree of Injury	Seat Occupied		***************************************	Seat				Shoulder Ha		
✓ None ☐ Fatal		Front	☐ Unknown	Used				Used		☑ No □ No
☐ Minor ☐ Unknown ☐ Serious		☐ Rear ☐ Single		Availa	ible L	Yes	No	Available	₩ ies	
Pilot Certificate(s) (Check all to	A-10				91 195					
□ None □ Studen		☐ Recrea	ational	Commercia			Flight Engine	eer [	Foreign	
Private Flight		☐ Sport		Airline Trai			J.S. Military			
Principal Occupation Me	edical Certifica	ite		Medi	cal Certif	icate Vali	dity	Date of La	st Medica	l
☑ Pilot □		Class 3	/a = "	Communication of the Communica		ations/waive	ers	10/20/20	11	
☐ Other		Driver's Licer Unknown	nse (Sport Pilot		ith limitatio iknown	ns/waivers		mm/dd/y	<u> </u>	
- CIIKIIOWII		Camillo IIII							or and a second	
Medical Certificate Limitation										
MUST WEAR CORRECTIVE LE	NSES									
Medical Certificate Waivers										
N/A										
N/A										
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including	- 1000 1/8-200 (BERLEY STO) 101 E		Boeing	na roa ESP 27						
FAR 121/135 Checks:	10/30/2011 mm/dd/yyyy		737-700 (S	MULATOR)						
11 I D 2 ()		)	The state of the s		Т.	etruotor	Dating(e)			
8()	Other Aircraft (Check all that ap			ent Rating(s) that apply)		structor l				
A CONTRACTOR OF THE CONTRACTOR	None None	P-97	None	mai appiyy	10,000	None			Instrument A	irplane
Single-Engine Land	Airship		Airplan		ĮČ	Airplane S	Single-Engir	ne 🔲 1	Instrument H	
	☐ Free Balloon ☐ Glider		Helico	THE STATE OF THE PARTY OF THE P		Airplane l Gyroplane	Multi-Engine		Helicopter Glider	
Multiengine Land Multiengine Sea	Glider Gyroplane		Power	zu EIII		Powered		H.	Sport	
— cyclesomowine Colonia (Colonia)	Helicopter		1		1			1 <del>-0</del>		
Toma Datings	Powered Lift				C	tudent En	dorsemen	ts (Include da	ites)	
Type Ratings					3	taucnt Ell	avi scilicil	is promue ad		
B737, DC-10										
Flight Time (enter appropriate		mu v	Airplane			Instr	ument			Lighter
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	8,391	4,785	95	8,296	3,000	2,000	750	0	0	0
Pilot in Command (PIC)	2,450	0	25	2,425	1,000	750	450		C	0
Time as Instructor	930	0	0	930	400		0		C	0
This Make/Model					2,000	1,000	300			
Last 90 Days	123	103	0	123	53		0			
Last 30 Days	65	61	0	65	31	10	0			
Lact 24 Hours	0	0	0	0	0	0	0	0	(	0

ADDITIONAL FLIGHT CRE	W MEMBERS	(Exclusive of cabin a	attendants, complete the	following info	rmatic	COLUMN TO THE PROPERTY OF THE PARTY.	
Pilot Name and Address					A COLUMN	Degree of In	A CONTRACT OF THE PARTY
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	ZIP:			Serious	- Oliviowii
Last Name:	t annt-il	Country:	A DE LE PARTICIONE DE LA COMPANION DE LA COMPA		3	Seat Occupi	ed
Pilot Certificate(s) (Check all that	T	Commercial	☐ Flight Engineer	☐ Foreign		Left	Front
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	<ul><li>☐ Commercial</li><li>☐ Airline Transport</li></ul>	U.S. Military	- roteign		Right	Rear
Type Rating/Endorsement for	2-2	Total Flight T	Time at the Time		-	Center	Single Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs			- Olikilowii
Pilot Name and Address						Degree of In	
First Name:		City:				☐ None ☐ Minor	Fatal Unknown
First Name: Middle Initial:		State:	ZIP:			Serious	
Last Name:	t anniu)	Country:				Seat Occupi	ed
Pilot Certificate(s) (Check all that	Recreational	☐ Commercial	☐ Flight Engineer	☐ Foreign		☐ Left	Front
☐ Private ☐ Flight Instructor	Sport	Airline Transport				Right	Rear
Type Rating/Endorsement for	-	Total Flight T	Time at the Time	1		Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	Yes No	of this Accide	ent/Incident:	hrs			
Pilot Name and Address						Degree of In	
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	ZIP:			Serious	- Olikilowii
Last Name:		Country:		_		Seat Occupi	ed
Pilot Certificate(s) (Check all that		☐ Commercial	☐ Flight Engineer	☐ Foreign		Left	Front
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for		Total Flight T	Time at the Time			☐ Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No		ent/Incident:	hrs	1	1	- Chikhowiii
PASSENGER(S) / OTHER		(Include flight attend			cessa	ry)	
PASSENGER(S) / OTHER		(Include flight attend			cessa	nue (Ku	us y y y y jury jury
		(Include flight attend		ate sheet if nee	ron.	Revenue (Sevenue (Son- Von- Voccupant	Fatal Serious Injury Vinor njury o Injury To Injury
Name and Address					Crew Non-		Fatal Serious Injury Minor Injury No Injury Unknown
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## 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.

December 1, 2011
1953 PST
Southwest Airlines Flight 1489
N261WN
Boeing 737-7H4
2 Pilots, 3 Flight Attendants, 95 Passengers onboard
Departed KABQ at 1919 MST
Landed KOAK at 2017 PST

Encountered severe turbulence near Midpines, California while at FL300. Turbulence location recorded as 3739.6N 11927.8W.

SWA Flight 1489 was on a scheduled flight from Albuquerque International Sunport Airport, Albuquerque, New Mexico (ABQ) to Metropolitan Oakland International Airport, Oakland, California (OAK). Turbulence was forecast for portions of the flight, and SWA Dispatch had planned the flight to descend below the areas or forecast and reported turbulence.

Shortly after descending from FL400 to FL300 due to turbulence at FL400, the flight encountered severe turbulence near Midpines, California. The Aircraft Communications Addressing and Reporting System (ACARS) recorded a peak of 3.5Gs, with variations back down to 1G and slightly below within one second. During the turbulence, the A Flight Attendant was in the forward galley and the B and C Flight Attendants were in the aft galley. The A Flight Attendant was thrown up and down and side to side with her feet leaving the cabin floor, but she was able to hold on to a counter. She was then thrown onto the galley floor in a seated position and was able to secure herself in the forward jumpseat. The A Flight Attendant did not request to be transported to the hospital and felt that she could continue on. She has filed an injury report. The B and C Flight Attendants were thrown violently around the aft galley and struck their heads and backs. They were able to secure themselves in the aft jumpseat and remained there throughout landing. The Captain declared an emergency with Air Traffic Control (ATC) after learning of the injuries to the Flight Attendants. The flight landed safely in OAK and taxied to the gate where paramedics were waiting.

The B and C Flight Attendants were both transported to the hospital via ambulance. The C Flight Attendant was released with minor injuries (concussion/head trauma). The B Flight Attendant was released from the hospital and informed the next day that he had suffered a serious injury (compression fractures in his second and third Lumbar Vertebrae). None of the 95 Passengers onboard the flight were transported to the hospital.

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

Operator/Owner Safety Recommendation

Internal investigation in process, any internal recommendations will be released at the conclusion of the investigation.

ADDITIONAL IN	FORMA	TION (Please type or print in inl	k)			
		is needed for any answers.				
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