

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:

- Off Airport/Airstrip
- On Airport
- On Airstrip

ACCIDENT/INCIDENT LOCATION:

Nearest City/Place: 500 miles from ANC
 State: _____ Zip: _____
 Latitude: _____ Longitude: _____

DATE/TIME:

Date: 10 Oct 02 Day of week: Thursday
 Local Time: _____ Time Zone: _____

PHASE OF OPERATION:

- Standing
- Takeoff (including initial climb)
- Taxi
- Climb
- Cruise
- Descent
- Approach
- Landing
- Hover/Maneuvering
- Altitude of In-Flight occurrence: 35,400 Feet MSL

AIRCRAFT INFORMATION

PROXIMITY TO AIRPORT:

- On Approach
- Downwind
- Final
- Go Around
- Crosswind
- Base leg
- Landing

Airport Name: _____
 Identifier: _____
 Distance From Airport Center: _____ SM
 Direction From Airport: _____ Magnetic

RUNWAY/LANDING SURFACE CONDITION:

- Dry
- Snow-Crusted
- Rubber Deposits
- Wet
- Snow-Compacted
- Soft
- Ice Patches
- Vegetation
- Rough
- Ice Covered
- Water-Calm
- Slush
- Snow-Dry
- Water-Choppy
- Holes
- Snow-Wet
- Water-Glassy
- Muddy

RUNWAY INFORMATION:

Runway ID: _____
 Length: _____
 Width: _____
 Apt. Elev: _____ Ft. MSL

RUNWAY/LANDING SURFACE:

- Macadam
- Asphalt
- Concrete
- Gravel
- Dirt
- Grass/Turf
- Snow
- Ice
- Water

APPROACH INFORMATION

IFR APPROACH

- ADF/NDB
- SDF
- VOR/TWOR
- VOR/DME
- TACAN
- ILS-Complete
- ILS-Localizer
- ILS-Back course
- RNAV
- GPS
- MLS
- LDA
- ASR
- PAR
- Sideslip
- Visual
- Contact
- Circling
- Practice

VFR APPROACH

- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Touch and Go
- Full Stop
- Stop and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing

AIRCRAFT INFORMATION

Manufacturer: Boeing
 Model: B747-400
 Max Gross Wt: 813,000 Lbs

Homebuilt: Yes No
 Serial No.: 23719
 Empty Wt: _____ Lbs

CATEGORY OF AIRCRAFT:

- Airplane
- Helicopter
- Glider
- Balloon
- Blimp/Dirigible
- Ultralight
- Gyroplane
- Other

TYPE OF AIRWORTHINESS CERTIFICATE

- STANDARD**
- Normal
- Utility
- Aerobatic
- Transport
- Experimental
- SPECIAL**
- Restricted
- Limited
- Provisional
- Special Flight

LANDING GEAR

- Tricycle - Fixed
- Tricycle - Retractable
- Tailwheel - All Fixed
- Tailwheel - All Retractable
- Tailwheel - Retractable Males
- Amphibian
- Hull
- Float
- Emerg. Float
- Ski
- Ski/Wheel
- Skid
- High Skid
- Tandem
- Other _____

STALL WARNING SYSTEM INSTALLED

- Yes
- No

IFR EQUIPPED

- Yes
- No

ENGINE TYPE

- Reciprocating - Carburetor
- Reciprocating - Fuel Injected
- Reciprocating - Turbocharged
- Turbo Prop
- Turbo Jet
- Turbo Fan
- Turbo Shaft

TYPE OF PROPELLER

- Controllable Pitch
- Fixed Pitch

NUMBER OF SEATS

Flight Crew: 4 Passenger: 403
 Cabin Crew: 22

Engine Manufacturer Praire & Whitney		Engine Model/Series PW4056		Engine Rated Power _____ Horsepower or _____ Lbs of Thrust		Type of Fire Extinguishing System Used <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____			
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul				
Engine No. 1	1990	717636	48560 Hours	77 Hours	77 Hours				
Engine No. 2	1989	717562	44404 Hours	350 Hours	9035 Hours				
Engine No. 3	1989	17558	51523 Hours	62 Hours	5915 Hours				
Engine No. 4	1990	17638	45168 Hours	430 Hours	14244 Hours				
Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____				Last Inspection Type <input type="checkbox"/> Annual <input type="checkbox"/> 100 Hour <input type="checkbox"/> AAIP <input type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> Condition Inspection				Date Performed (M/D/Y) 8/30/01 ^{H check} Airframe Total Time at Last Inspection 50090 Hours Airframe Time Since Last Inspection 5209 Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number		Battery Date (M/D/Y)				
	Switch <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Armed	Operated <input type="checkbox"/> Yes <input type="checkbox"/> No	Aided In Accident Location <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA		Battery Type (Alkaline, Lithium, etc.)				
Registered Aircraft Owner NORTHWEST AIRLINES				City Minneapolis, MN State MN					
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name _____ Doing Business As: _____				City/State <input checked="" type="checkbox"/> Same As Registered Owner					
Air Carrier/Operator Designator (4 Character Designator) NWAA									
Type of Operation <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 137 <input checked="" type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 133			FAR 121, 125, 127, 129, 135 Revenue Operations <input checked="" type="checkbox"/> Scheduled/Commuter <input type="checkbox"/> Non Scheduled/Air Taxi			Revenue Sighting Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Purpose of Flight (FAR 91, 103, 131, 137) <input type="checkbox"/> Personal <input type="checkbox"/> Aerial Observation <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Other _____			Domestic <input checked="" type="checkbox"/> International		Cargo <input type="checkbox"/> Passenger		Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Passenger (How many?) 357 Cargo (_____) (lbs.) Other (Specify) _____			Public Use <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Certificate(s) Held <input type="checkbox"/> Air Carrier Operating Certificate <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121)									
		<input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135)		<input type="checkbox"/> Other Operator of Large Aircraft (125) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137)					

PILOT INFORMATION										
Pilot Name <u>John F Hanson</u>			City <u>Northfield</u> State <u>MN</u>			Nationality <u>US</u>				
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Airline Transport										
Rating(s) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Glider <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Free Balloon <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Airship <input type="checkbox"/> Multiengine Sea <input type="checkbox"/> Gyroplane			Instrument Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter			Instructor Rating(s) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Glider <input type="checkbox"/> Specify _____				
Type Ratings/Student <u>A320, B747-300</u>			Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y) <u>04/22/02</u>			Flight Review Aircraft <u>Sim</u> Make _____ Model _____				
Medical Certificate <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) <u>06/12/02</u>		Limitations <u>Corrective Lenses</u> Waivers _____		Age <u>54</u>		Principal Occupation <u>Pilot</u>		
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center		Person Manipulating Controls At Time Of Accident <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> No One <input type="checkbox"/> Second Pilot <input type="checkbox"/> Non-Pilot Who was pilot in command? <u>John Hanson</u>				Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Source of Pilot Flight Time Information <input type="checkbox"/> Pilot Logbook <input checked="" type="checkbox"/> Company <input type="checkbox"/> Pilot/Operators Estimate <input type="checkbox"/> Specify _____ <input type="checkbox"/> FAA Records				
Flight Time	ALL A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	<u>11297</u>	<u>630</u>								
Pilot in Command (PIC)										
Instructor										
This Make/Model										
Last 90 Days	<u>43</u>	<u>43</u>								
Last 30 Days	<u>9:45</u>	<u>9:45</u>								
Last 24 Hours	<u>9:45</u>	<u>9:45</u>								
FLIGHT ITINERARY INFORMATION										
Last Departure Point Airport ID <u>KDTW</u> City <u>Detroit</u> State <u>MI</u>			Time of Departure Time <u>1403</u> Time Zone <u>Eastern</u>		Destination Airport ID <u>NRT</u> City <u>Tokyo</u> State <u>Japan</u>			Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> VFR <input type="checkbox"/> Company <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military		
Types of ATC Clearance/Service <input type="checkbox"/> None <input checked="" type="checkbox"/> Special VFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory										
Airspace where the accident occurred <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Student Jet Training Area <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operating Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Special										
Load Description <input checked="" type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Water <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Other External <input type="checkbox"/> Chemical <input checked="" type="checkbox"/> Cargo <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock										

Pilot "B" Responsibilities at the Time of Accident												
<input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Dual Student <input type="checkbox"/> Safety Pilot <input type="checkbox"/> Check Pilot <input type="checkbox"/> None (Pilot-Rated Passenger)												
Pilot Name William M Fagan Jr			City Gulf Breeze State FL				Nationality US					
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Private <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Other _____												
Rating(s) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Glider <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Free Balloon <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Airship <input type="checkbox"/> Multiengine Sea <input type="checkbox"/> Gyroplane				Instrument Rating(s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter		Instructor Rating(s) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Glider <input type="checkbox"/> Specify _____						
Type Ratings/Student Endorsements (With Dates)			Date of Last Flight Review Or Equivalent (M/D/Y) 01/15/02			Flight Review Aircraft Model _____ Make Sim						
Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 2 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 3			Date of Last Medical (M/D/Y) 06/13/02		Limitations —			Age 57				
			Walvers —			Principal Occupation Pilot						
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center		Person Manipulating Controls At Time Of Accident <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Non-Pilot <input type="checkbox"/> No One <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots				Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			Who was pilot in command? John Hanson									
Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Source of Pilot Flight Time Information <input type="checkbox"/> Pilot Logbook <input checked="" type="checkbox"/> Company <input type="checkbox"/> Pilot/Operator Estimate <input type="checkbox"/> Specify _____ <input type="checkbox"/> FAA Records						
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotacraft	Glider	Lighter Than Air	
Total Time		3420	657				Actual	Simulated				
Pilot In Command (PIC)												
Instructor												
This Make/Model												
Last 90 Days		129	129									
Last 30 Days		63	63									
Last 24 Hours		945	945									
OTHER PERSONNEL PASSENGERS(S) (If more space is needed, continue on separate sheet)												
Name	Seat	Address (City & State ONLY)		Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury
1. Mary Bekkala	1L	Michigan		✓								✓
2. Ingrid Hedfors		Michigan		✓								✓
3. Debra Adzems		Utah		✓								✓
4. Grace Condon	5B	N. Carolina		✓								✓
5. Jean Adelf		Illinois		✓								✓
6. Kathy Brocklin		Wisconsin		✓								✓

Source of Weather Information (Pilot/Operator, Weather Observation Facility) <i>Operator</i>		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Bright Night		Visibility <i>Unlim</i> Miles	Temp _____ (C) _____ (F)
Dew Point _____ (C) _____ (F)	Altimeter Setting _____ M/B _____ or _____ HQ	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few _____ Feet AGL <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL			
Wind Information Direction _____ True or _____ Mag Velocity _____ KTS Gusts _____ KTS		Density Altitude _____ Feet	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Specify _____		
Restriction to Visibility <input checked="" type="checkbox"/> None <input type="checkbox"/> Haze <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Fog <input type="checkbox"/> Mist <input type="checkbox"/> Ice Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Other _____		Type of Precipitation <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Other _____		Icing FORECAST ACTUAL <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Severe	
Source of Weather Briefing <input type="checkbox"/> None <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Voice Response System <input type="checkbox"/> Other _____ <input type="checkbox"/> Commercial Weather Service <input checked="" type="checkbox"/> Company <input type="checkbox"/> TV/Radio <input type="checkbox"/> Military <input type="checkbox"/> DUAT		Method of Briefing <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		Weather Observation Facility <input type="checkbox"/> Facility ID: _____ <input type="checkbox"/> Obs Time: _____ <input type="checkbox"/> Time Zone: _____ <input type="checkbox"/> Distance from Accident Site: _____ <input type="checkbox"/> Direction from Accident Site: _____	
Briefing Type/Completeness <input type="checkbox"/> Standard <input type="checkbox"/> Abbreviated <input type="checkbox"/> Outlook <input type="checkbox"/> Limited By Pilot <input type="checkbox"/> Limited By Briefer <input checked="" type="checkbox"/> Full		Turbulence (Multiple entry) <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Vicinity of Thunderstorm <input type="checkbox"/> In Clouds <input type="checkbox"/> Light Chop <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate Chop			
Notams, Airmets, Sigmet					
FUELS SERVICES INFORMATION					
Fuel on Board at Last Takeoff _____ Gallons or _____ Pounds		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Specify _____			
Other Services, If Any, Prior to Departure					
DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight		Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight	
Description of Damage to Aircraft and Other Property <i>Broken N cap on lower rudder PCM actuator</i>					
MECHANICAL MALFUNCTION OVERHAUL					
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure.		Total Time/Cycles On Part _____ Hours		Time Since This Part Inspected/Overhauled _____ Hours	

Pilot (C) Name Frank Geib		City/State (ONLY) Portage, MI		Crew Position Augmented CA	
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____					
Ratings/Endorsements 727, 747-400 757			Total Flight Time at the Time of This Accident/Incident 11,259 hrs.		
Pilot (D) Name David Smith		City/State (ONLY) St. Petersburg, FL		Crew Position Augmented FO	
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____					
Ratings/Endorsements —			Total Flight Time at the Time of This Accident/Incident 4971		
Pilot (E) Name		City/State (ONLY)		Crew Position	
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____					
Ratings/Endorsements			Total Flight Time at the Time of This Accident/Incident		
FOI - (b) (7) - (C) - (D) - (E) - (F) - (G) - (H) - (I) - (J) - (K) - (L) - (M) - (N) - (O) - (P) - (Q) - (R) - (S) - (T) - (U) - (V) - (W) - (X) - (Y) - (Z) - (AA) - (AB) - (AC) - (AD) - (AE) - (AF) - (AG) - (AH) - (AI) - (AJ) - (AK) - (AL) - (AM) - (AN) - (AO) - (AP) - (AQ) - (AR) - (AS) - (AT) - (AU) - (AV) - (AW) - (AX) - (AY) - (AZ) - (BA) - (BB) - (BC) - (BD) - (BE) - (BF) - (BG) - (BH) - (BI) - (BJ) - (BK) - (BL) - (BM) - (BN) - (BO) - (BP) - (BQ) - (BR) - (BS) - (BT) - (BU) - (BV) - (BW) - (BX) - (BY) - (BZ) - (CA) - (CB) - (CC) - (CD) - (CE) - (CF) - (CG) - (CH) - (CI) - (CJ) - (CK) - (CL) - (CM) - (CN) - (CO) - (CP) - (CQ) - (CR) - (CS) - (CT) - (CU) - (CV) - (CW) - (CX) - (CY) - (CZ) - (DA) - (DB) - (DC) - (DD) - (DE) - (DF) - (DG) - (DH) - (DI) - (DJ) - (DK) - (DL) - (DM) - (DN) - (DO) - (DP) - (DQ) - (DR) - (DS) - (DT) - (DU) - (DV) - (DW) - (DX) - (DY) - (DZ) - (EA) - (EB) - (EC) - (ED) - (EE) - (EF) - (EG) - (EH) - (EI) - (EJ) - (EK) - (EL) - (EM) - (EN) - (EO) - (EP) - (EQ) - (ER) - (ES) - (ET) - (EU) - (EV) - (EW) - (EX) - (EY) - (EZ) - (FA) - (FB) - (FC) - (FD) - (FE) - (FF) - (FG) - (FH) - (FI) - (FJ) - (FK) - (FL) - (FM) - (FN) - (FO) - (FP) - (FQ) - (FR) - (FS) - (FT) - (FU) - (FV) - (FW) - (FX) - (FY) - (FZ) - (GA) - (GB) - (GC) - (GD) - (GE) - (GF) - (GG) - (GH) - (GI) - (GJ) - (GK) - (GL) - (GM) - (GN) - (GO) - (GP) - (GQ) - (GR) - (GS) - (GT) - (GU) - (GV) - (GW) - (GX) - (GY) - (GZ) - (HA) - (HB) - (HC) - (HD) - (HE) - (HF) - (HG) - (HH) - (HI) - (HJ) - (HK) - (HL) - (HM) - (HN) - (HO) - (HP) - (HQ) - (HR) - (HS) - (HT) - (HU) - (HV) - (HW) - (HX) - (HY) - (HZ) - (IA) - (IB) - (IC) - (ID) - (IE) - (IF) - (IG) - (IH) - (II) - (IJ) - (IK) - (IL) - (IM) - (IN) - (IO) - (IP) - (IQ) - (IR) - (IS) - (IT) - (IU) - (IV) - (IW) - (IX) - (IY) - (IZ) - (JA) - (JB) - (JC) - (JD) - (JE) - (JF) - (JG) - (JH) - (JI) - (JJ) - (JK) - (JL) - (JM) - (JN) - (JO) - (JP) - (JQ) - (JR) - (JS) - (JT) - (JU) - (JV) - (JW) - (JX) - (JY) - (JZ) - (KA) - (KB) - (KC) - (KD) - (KE) - (KF) - (KG) - (KH) - (KI) - (KJ) - (KK) - (KL) - (KM) - (KN) - (KO) - (KP) - (KQ) - (KR) - (KS) - (KT) - (KU) - (KV) - (KW) - (KX) - (KY) - (KZ) - (LA) - (LB) - (LC) - (LD) - (LE) - (LF) - (LG) - (LH) - (LI) - (LJ) - (LK) - (LL) - (LM) - (LN) - (LO) - (LP) - (LQ) - (LR) - (LS) - (LT) - (LU) - (LV) - (LW) - (LX) - (LY) - (LZ) - (MA) - (MB) - (MC) - (MD) - (ME) - (MF) - (MG) - (MH) - (MI) - (MJ) - (MK) - (ML) - (MM) - (MN) - (MO) - (MP) - (MQ) - (MR) - (MS) - (MT) - (MU) - (MV) - (MW) - (MX) - (MY) - (MZ) - (NA) - (NB) - (NC) - (ND) - (NE) - (NF) - (NG) - (NH) - (NI) - (NJ) - (NK) - (NL) - (NM) - (NN) - (NO) - (NP) - (NQ) - (NR) - (NS) - (NT) - (NU) - (NV) - (NW) - (NX) - (NY) - (NZ) - (OA) - (OB) - (OC) - (OD) - (OE) - (OF) - (OG) - (OH) - (OI) - (OJ) - (OK) - (OL) - (OM) - (ON) - (OO) - (OP) - (OQ) - (OR) - (OS) - (OT) - (OU) - (OV) - (OW) - (OX) - (OY) - (OZ) - (PA) - (PB) - (PC) - (PD) - (PE) - (PF) - (PG) - (PH) - (PI) - (PJ) - (PK) - (PL) - (PM) - (PN) - (PO) - (PP) - (PQ) - (PR) - (PS) - (PT) - (PU) - (PV) - (PW) - (PX) - (PY) - (PZ) - (QA) - (QB) - (QC) - (QD) - (QE) - (QF) - (QG) - (QH) - (QI) - (QJ) - (QK) - (QL) - (QM) - (QN) - (QO) - (QP) - (QQ) - (QR) - (QS) - (QT) - (QU) - (QV) - (QW) - (QX) - (QY) - (QZ) - (RA) - (RB) - (RC) - (RD) - (RE) - (RF) - (RG) - (RH) - (RI) - (RJ) - (RK) - (RL) - (RM) - (RN) - (RO) - (RP) - (RQ) - (RR) - (RS) - (RT) - (RU) - (RV) - (RW) - (RX) - (RY) - (RZ) - (SA) - (SB) - (SC) - (SD) - (SE) - (SF) - (SG) - (SH) - (SI) - (SJ) - (SK) - (SL) - (SM) - (SN) - (SO) - (SP) - (SQ) - (SR) - (SS) - (ST) - (SU) - (SV) - (SW) - (SX) - (SY) - (SZ) - (TA) - (TB) - (TC) - (TD) - (TE) - (TF) - (TG) - (TH) - (TI) - (TJ) - (TK) - (TL) - (TM) - (TN) - (TO) - (TP) - (TQ) - (TR) - (TS) - (TT) - (TU) - (TV) - (TW) - (TX) - (TY) - (TZ) - (UA) - (UB) - (UC) - (UD) - (UE) - (UF) - (UG) - (UH) - (UI) - (UJ) - (UK) - (UL) - (UM) - (UN) - (UO) - (UP) - (UQ) - (UR) - (US) - (UT) - (UU) - (UV) - (UW) - (UX) - (UY) - (UZ) - (VA) - (VB) - (VC) - (VD) - (VE) - (VF) - (VG) - (VH) - (VI) - (VJ) - (VK) - (VL) - (VM) - (VN) - (VO) - (VP) - (VQ) - (VR) - (VS) - (VT) - (VU) - (VV) - (VW) - (VX) - (VY) - (VZ) - (WA) - (WB) - (WC) - (WD) - (WE) - (WF) - (WG) - (WH) - (WI) - (WJ) - (WK) - (WL) - (WM) - (WN) - (WO) - (WP) - (WQ) - (WR) - (WS) - (WT) - (WU) - (WV) - (WW) - (WX) - (WY) - (WZ) - (XA) - (XB) - (XC) - (XD) - (XE) - (XF) - (XG) - (XH) - (XI) - (XJ) - (XK) - (XL) - (XM) - (XN) - (XO) - (XP) - (XQ) - (XR) - (XS) - (XT) - (XU) - (XV) - (XW) - (XX) - (XY) - (XZ) - (YA) - (YB) - (YC) - (YD) - (YE) - (YF) - (YG) - (YH) - (YI) - (YJ) - (YK) - (YL) - (YM) - (YN) - (YO) - (YP) - (YQ) - (YR) - (YS) - (YT) - (YU) - (YV) - (YW) - (YX) - (YY) - (YZ) - (ZA) - (ZB) - (ZC) - (ZD) - (ZE) - (ZF) - (ZG) - (ZH) - (ZI) - (ZJ) - (ZK) - (ZL) - (ZM) - (ZN) - (ZO) - (ZP) - (ZQ) - (ZR) - (ZS) - (ZT) - (ZU) - (ZV) - (ZW) - (ZX) - (ZY) - (ZZ)					
EVALUATION OF AIRCRAFT					
Registration		Aircraft Manufacturer		Aircraft Make/Model	
Registered Aircraft Owner		City/State (ONLY)			
Pilot (F) Name		City/State (ONLY)			
Degree of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None					
Assistance Received <input checked="" type="checkbox"/> None <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____ <input type="checkbox"/> Outside Person(s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder					
Method of Exit Describe which exits were used and how many passengers evacuated from each.					
Operator/Owner Safety Recommendation (Optional)					

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 more space is needed. State point of departure, time of departure, intended destination and services obtained.

See pilot narrative already submitted

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 more space is needed. State point of departure, time of departure, intended destination and services obtained.

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 more space is needed. State points of departure, time of departure, intended destination and services obtained.

Date of this Report		Signature of Pilot/Operator	
Signature of Person Filing Report If Other than Pilot/Operator			
1. Signature XXXXXXXXXXXX			
2. Type or Print Name <u>Danielle Messer</u>			
3. Title <u>Air Safety Investigator</u>			
NTSB Accident/Incident No.	Reviewed by NTSB Office Located At	Name of Investigator	Date Report Received
<u>AVNCO31A001</u>	<u>ANCHORAGE AIL</u>	<u>L. Lewis</u>	<u>OCT 25, 2002</u>

Aircraft Registration Number: N6610S		
Pilot A	Name: John Hanson	Pilot Certificate Number:
Pilot B	Name: William M Fagan Jr.	Pilot Certificate Number:
Pilot C	Name: Frank Geib	Pilot Certificate Number:
Pilot D	Name: David Smith	Pilot Certificate Number:
Pilot E	Name:	Pilot Certificate Number:
Aircraft Registration Number:		
Pilot F	Name:	Pilot Certificate Number:

Other Personnel Continued ...

Jane Bartels	2L	New York	Crew	No Injury
Karen Fox		Alabama	Crew	No Injury
Sharon Moore-McLennan	^{Upper Deck}	Ohio	Crew	No Injury
Betty A Gallagher		Kentucky	Crew	No Injury
Judy Finkler	3B	Michigan	Crew	No Injury
Peggy Hart		Kentucky	Crew	No Injury
Elizabeth Mottl		Wisconsin	Crew	No Injury
Robert Martinez		California	Crew	No Injury