

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Sacramento</u> State: <u>CA</u> ZIP: <u>95837</u> Country: <u>United States of America</u> Latitude: <u>38:41:44N</u> (dd:mm:ss N/S) Longitude: <u>121:35:27W</u> (ddd:mm:ss E/W)		Date/Time Date: <u>08/26/2010</u> Local Time: <u>1251</u> <i>mm/dd/yyyy</i> Time Zone: <u>PDT</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input 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 checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Airbus SAS</u> Model: <u>A320-232</u> Serial Number: <u>2231</u> Registration Number: <u>N590JB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>170,635</u> lbs Weight at Time of Accident/Incident: <u>120,374</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>~30.0</u> Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>160</u> If Large Aircraft, how many seats for: Flight Crew: <u>4</u> Cabin Crew: <u>6</u> Passengers: <u>150</u>	Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>08/26/2010</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>25,986</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Engine and Cargo (Airbus installed)</u>
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>Honeywell</u> Model/Series: <u>1151324-1</u> Serial Number: <u>053C-5249</u> Battery Type: <u>AgCl/Mg primary cell type</u> Battery Exp. Date: <u>11/2013</u>
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Engine Type <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	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <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	International Aero Engines	V2527-A5	V11355	12/18/2002	25,000-27,000	30,235	6,162	6,162
Eng. 2	International Aero Engines	V2527-A5	V11040	09/12/2001	25,000-27,000	32,736	11,851	11,851
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>JetBlue Airways Corporation</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Forest Hills</u> State: <u>New York</u> ZIP: <u>11375</u> Country: <u>United States of America</u>
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Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
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Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input checked="" type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input checked="" type="checkbox"/> Passenger <u>86</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input checked="" type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Four blown main landing gear tires and ground down main landing gear wheel assemblies.

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

Airport Identifier: KSMF **Distance From Airport Center:** 1 SM
Airport Name: Sacramento International Airport **Direction From Airport:** 262 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 27 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)		VFR Approach (Check all that apply)	
<input type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidesstep	<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> SDF	<input checked="" type="checkbox"/> ILS	<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown
<input type="checkbox"/> MLS	<input type="checkbox"/> Practice	<input type="checkbox"/> GPS	
<input type="checkbox"/> LDA	<input type="checkbox"/> GPS	<input type="checkbox"/> Loran	
<input type="checkbox"/> ASR	<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Contact			
<input type="checkbox"/> Circling			

Runway Information
 Runway ID: 16R (L/R/C) Length: 8,600 ft Width: 150 ft

Runway/Landing Surface (Check all that apply)		Condition of Runway/Landing Surface (Check all that apply)	
<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted
<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Holes	<input type="checkbox"/> Snow-Crusted
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry
<input type="checkbox"/> Macadam	<input type="checkbox"/> Metal/Wood	<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet
<input type="checkbox"/> Water	<input type="checkbox"/> Unknown	<input type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft
		<input type="checkbox"/> Slush Covered	<input type="checkbox"/> Vegetation
		<input type="checkbox"/> Water-Calm	<input type="checkbox"/> Water-Choppy
		<input type="checkbox"/> Water-Glassy	<input type="checkbox"/> Wet
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KLGB</u> City: <u>Long Beach</u> State: <u>California</u> Country: <u>United States of America</u>	Time of Departure Time: <u>1141</u> Time Zone: <u>PDT</u>	Destination Airport ID: <u>KSMF</u> City: <u>Sacramento</u> State: <u>California</u> Country: <u>United States of America</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
 None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>1,917</u> Gallons	Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5
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Other Services, if Any, Prior to Departure

Standard pre-departure services to include: provisioning, lavatory, baggage handling, and other normal airline servicing.

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

91 occupants (86 passengers, 3 Flight Attendants, and 2 pilots) exited the aircraft via the emergency slides activated on doors L1 (forward left), R1 (forward right), and L2 (rear left).

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: KSMF

Observation Time: 1953

Time Zone: Zulu/UTC

Distance from Accident Site: 0 NM

Direction from Accident Site: 215 degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|-------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company |
| <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--------------------------------------------------------|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|-------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| | | <input type="checkbox"/> Not Reported |

Visibility

10 miles

Sky/Lowest Cloud Condition

- | | |
|----------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Scattered | |

Ceiling

- | | |
|--------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

Indicated:
170 degrees MAG

Variable

Wind Speed

Velocity: 13 KTS

-or-

- | |
|---------------------------------------------|
| <input type="checkbox"/> Calm |
| <input type="checkbox"/> Light and Variable |

Wind Gusts

Velocity: _____ KTS

- | |
|--------------------------------------|
| <input type="checkbox"/> Gusting |
| <input type="checkbox"/> Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate Chop | |

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

NOTAMs: SMF 12/014, SMF 11/021, SMF 08/032, SMF 08/012, SMF 07/042, SMF 07/032, SMF 06/057, SMF 06/028, SMF 03/006, SMF 03/003, SMF 02/016.

This information is contained in the flight dispatch paperwork/weather packet provided to the NTSB as a separate document.

Temperature: 27 (C)
or _____ (F)

Altimeter Setting: 29.85 in. HG
or _____ MB

Density Altitude: 1,691 ft

Dew Point: 13 (C)
or _____ (F)

Icing Forecast

Amount

- | | |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual

Amount

- | | |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Type of Precipitation (Check all that apply)

- | | |
|------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

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: David City: Las Vegas
 Middle Initial: N State: Nevada ZIP: 89113
 Last Name: Wilson Country: United States of America
 Age at time of Accident/Incident: 49 Date of Birth: 1960 Certificate Number: **+**
mm/dd/yyyy

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>08/03/2010</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations
 Must have available glasses for near vision.

Medical Certificate Waivers
 None.

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/31/2009</u> <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>Airbus</u> Model: <u>A320</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings A/A-320 A/B-707 A/B-720 Private Pilot Privileges: Airplane Single Engine Land	Student Endorsements (Include dates)
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Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	8,716	4,397	59	8,657	1,353	830	461	0	0	0
Pilot in Command (PIC)	4,874	3,189	14	4,860	868	563	244	0	0	0
Time as Instructor	1,241	0	0	1,241	86	18	48	0	0	0
This Make/Model										
Last 90 Days	240	240	0	240	27	5	2	0	0	0
Last 30 Days	79	79	0	79	8	1	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: Derek City: Anaheim
 Middle Initial: K State: California ZIP: 92806
 Last Name: Lee Country: United States of America
 Age at time of Accident/Incident: 43 Date of Birth: 1967 Certificate Number:
mm/dd/yyyy

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)

None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <u>07/13/2010</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:

09/17/2009
mm/dd/yyyy

Flight Review Aircraft

Make: Airbus
 Model: A320

Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings

A/A-320
A/CE-560XL
 A-320 SIC, Circling Approach VMC Only
 Commercial Pilot Privileges: Airplane Single Engine Land

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	9,100	2,217	2,913	6,186	2,250	695	73	0	0	0
Pilot in Command (PIC)	5,264	0	2,841	2,643	1,245	542	27	0	0	0
Time as Instructor	1,431	0	650	781	611	132	0	0	0	0
This Make/Model					822	95	0			
Last 90 Days	279	279	0	279	36	7	0	0	0	0
Last 30 Days	91	91	0	91	25	3	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
-------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____		Country: _____

Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	

Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs
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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>Rory</u> City: <u>West Hollywood</u> Middle Initial: <u>L</u> State: <u>California</u> ZIP: <u>90069</u> Last Name: <u>Kimbrough</u> Country: <u>United States of America</u>	FWD	<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>Keron</u> City: <u>Fort Lauderdale</u> Middle Initial: <u>A</u> State: <u>Florida</u> ZIP: <u>33304</u> Last Name: <u>Matthews</u> Country: <u>United States of America</u>	AFT	<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>Michelle</u> City: <u>Brewster</u> Middle Initial: <u>L</u> State: <u>New York</u> ZIP: <u>10509</u> Last Name: <u>Hendrie</u> Country: <u>United States of America</u>	AFT	<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>Herbert</u> City: <u>American Canyon</u> Middle Initial: _____ State: <u>California</u> ZIP: <u>94503</u> Last Name: <u>Brown</u> Country: <u>United States of America</u>	15F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Helen</u> City: <u>Los Alamitos</u> Middle Initial: _____ State: <u>California</u> ZIP: <u>95616</u> Last Name: <u>Downing</u> Country: <u>United States of America</u>	8D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Laura</u> City: <u>Huntington Beach</u> Middle Initial: _____ State: <u>California</u> ZIP: <u>92649</u> Last Name: <u>Eaton</u> Country: <u>United States of America</u>	10D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Marilyn</u> City: <u>Mission Viejo</u> Middle Initial: _____ State: <u>California</u> ZIP: <u>92691</u> Last Name: <u>Haehn</u> Country: <u>United States of America</u>	7E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Rosemary</u> City: <u>Cerritos</u> Middle Initial: _____ State: <u>California</u> ZIP: <u>90703</u> Last Name: <u>Reyes</u> Country: <u>United States of America</u>	16A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

During landing at Sacramento, CA (SMF) on August 26, 2010 about 1251 PDT, N590JB, operating as JetBlue Airways Flight 262, experienced a rapid deceleration and came to an abrupt stop approximately 2000 feet from the touchdown point on runway 16R. After touchdown the air traffic control tower notified the Flight Crew of "smoke and flames" coming from the aircraft landing gear. The air traffic control tower dispatched crash fire rescue assets to the aircraft. The Captain elected to conduct an emergency evacuation on the runway. All 86 passengers and 5 flight crew evacuated the aircraft via emergency evacuation slides (L1, R1, and L2 doors). Seven passengers reported minor injuries. The flight had departed Long Beach, CA (LGB) about 1141 PDT.

Additional factual information and investigative findings are being provided to the NTSB IIC via supplemental documents.

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

Operator/Owner Safety Recommendation

None at this time.

ADDITIONAL INFORMATION (Please type or print in ink)

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

Pilot flight times are reported to the best of the pilots' knowledge and may be estimated.

Additional Injured Passengers:

Name: Doreen A Thomas
Address: N/A (Booked with internet agent)
Seat: 15C
Category: Revenue
Injury Level: Minor Injury

Name: Linda S Toney
Address: N/A (Booked with internet agent)
Seat: N/A
Category: Revenue
Injury Level: Minor Injury

Please refer to the attached manifest for a list of all passengers on this flight.

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

Date of this Report 09/02/2010 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: Eyal G. Breiter
Title: Senior Air Safety Investigator, JetBlue Airways

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR10IA430	Reviewed by NTSB Regional Office WPR-Aviation	Name of Investigator Pollack	Date Report Received 09/02/10
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