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 INFORMAT	ΓΙΟΝ											
Accident/Incident Local	tion					Date/Time						
Nearest City/Place: Denve				_ State	. <u>CO</u>	Date: 07/31/2012 Local Time: 09:10am						
ZIP: <u>80249</u> Co	ountry: United Sta	ites					mm/dd/yy	vy		e Zone: Mo		
Latitude: 39:51:42.00 (d	ld:mm:ss N/S) Long	gitude: 104	4:40:23.4	0 (ddd:	:mm:ss E/W)				Tim	e Zone: We		
Phase of Operation						C	follision with C	ther Airc	raft	Altitude o	f In-Flight	
	(incl. initial climb)	Cruis			Hover		Midair			Occurren	ce	
☐ Taxi ☐ Climb ☐ Descent ☐ Landing		☐ Mane			Other Jnknown		On-ground None				11,000	e MSI
AIRCRAFT INFOR		7 rppr	Jacii		JIKHOWH						11,000	It WISE
									4.0	0.000		
Manufacturer: The Bo	eing Company						Max Gross V					
Model: 737-924ER							Weight at Ti					
Serial Number: 33457	107.100						Location of C	Center of C	•			
Registration Number:	N37420	_	Amateur-	built:	☐ Yes ☑ N	О	-or-				or	
Category of Aircraft	Type of Airwor	thiness (Certificate	;	Number of	· Se	ats:1			g Gear		
Airplane	(Check all that ap	ply)							Check	any addition	nal landing ge	ar
☐ Balloon ☐ Blimp/Dirigible	Standard	Spec			If Large Airc	raft	, how many seats	for:		ration that		
Glider	☐ Normal ☐ Utility	∐ Re □ Li	stricted		Flight C	rew	:	2	☐ Trie	cycle	☐ Ta	ilwheel
Gyrocraft Helicopter	☐ Acrobatic		ovisional				:			phibian		igh Skid
Powered lift	Transport		perimental				1		☐ Em	ergency Flo	at Sk	
Ultralight			ecial Flight ght Sport	5111							i/Wheel	
Unknown									☐ Unl			
Type of Maintenance P	rogram		Last Ins	-	on Type			Date La	st Inspec	tion:	(77)	
Annual Conditional (Amateur-bu	uilt only)		☐ 100 H ☐ AAIP	100 Hour Continuous Airworthi AAIP Conditional Inspection			Date Last Inspection:					
☐ Manufacturer's Inspection	on Program		Annua		Unknow		тыресион	Airfram	e Total T	ime:		hrs
Other Approved Inspecti	• ,									at (check		
Other, specify:									ast Inspect	ion 🔲 T	ime of Accid	ent/Incident
IFR Equipped			Stall Wa	arning	System Inst							
Yes No Unk	nown		☐ Yes	☐ No	o Unknown None							
						Specify						
ELT Installed E	I T A attached											
	LT Activated Yes No											
		. 4	Model/S									
ELT Aided in Locating ☐ Yes ☐ No	Accident/Incidei	nτ										
			Battery						Batter	y Exp. Da	ite:	
Engine Type	Creat	iprocatin tem Type		Pr	opeller							
	ibo jei	Carburetor		\Box	Fixed Pitch		Manufac	turer:				
	known	uel Injecte	d		Controllable 1	Pitc						
	Τ'							Engine R				
							D.	Power M		T-4-1	Time	Time
	Engine	e		Manı	ufacturer's		Date of Mfg.	1	epower or	Total Time	Since Inspection	Since Overhaul
Engine Engine Manufact		/Series			l Number		mm/dd/yyyy	✓ lbs of		(hours)	(hours)	(hours)
Eng. 1 CFM	CFM56-7			896407 896408					26000	14,960	1,619	1,619 1,619
Eng. 2 CFM Eng. 3	CFIVIS6-	1020/3		550408				-	26000	14,960	1,619	1,019
Eng. 4								 				
<i>u</i> .										1	<u> </u>	l

OWNER/OPERATOR INFORMATI	ON					
Registered Aircraft Owner		Owner Address				
Name: Continental Airlines Inc	City: Houston					
Fractional Ownership Aircraft: Yes V No	State: TX ZIP: 77002-7362 Country: United States					
Operator of Aircraft Same As Register	ered Owner	Operator Address				
Name:		City: State: ZIP:				
Doing Business As: United Airlines	1	State: ZIP:				
Air Carrier/Operator Designator (4 Character C	ode):	Country:				
Regulation Flight Conducted Under		Revenue Sightseeing Flight ☐ Yes				
FAR 91 FAR 129 FAR 91 Spec						
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Cor ☑ FAR 121 ☐ FAR 135 ☐ Non-US, Nor		Air Medical Flight				
FAR 125 FAR 137 Armed Force		☐ 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 Operating Certificate Held (Check all that apply)				
Personal	✓ Scheduled or Commuter	None				
Business	Non-Scheduled or Air Taxi	☐ Flag Carrier Operating Certificate (121) ☐ Supplemental				
Executive/Corporate Other Work Use		☐ Supplemental ☐ Air Cargo				
☐ Instructional	Domestic or International	☐ Foreign Air Carriers (129)				
Ferry	✓ Domestic	Commuter Air Carrier (135) On-Demand Air Taxi (135)				
☐ Positioning ☐ Aerial Application		Large Helicopter (127)				
Aerial Observation	Cargo Operation	Rotorcraft External Load (133)				
☐ Air Drop ☐ Air Race / Show	☐ Passenger/Cargo ☐ PassengerHow many?	- or -				
Flight Test	Cargo lbs	Agricultural Aircraft (137)				
☐ Public Use ☐ Unknown	Mail	Other Operator of Large Aircraft				
OTHER AIRCRAFT = COLLISION	(If air or ground collision occurred, complete	inis section for other aircraft)				
		Damaga to Other Aircraft				
	er:	☐ Destroyed ☐ Minor				
Model:	er:	Destroyed D Minor				
Registered Owner of Other Aircraft		☐ Destroyed ☐ Minor ☐ Substantial ☐ None				
Registered Owner of Other Aircraft First Name:		☐ Destroyed ☐ Minor ☐ Substantial ☐ None				
Registered Owner of Other Aircraft	City: State:	☐ Destroyed ☐ Minor				
Registered Owner of Other Aircraft First Name: Middle Initial:	City: State:	Destroyed Minor Substantial None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft	City: State: Country:	Destroyed Minor Substantial None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Middle Initial:	City: State: City: City: State:	Destroyed Minor Substantial None				
Registered Owner of Other Aircraft First Name:	City: State: City: State: State: State: State: Country: State:	Destroyed Minor None ZIP: ZIP: ZIP:				
Registered Owner of Other Aircraft First Name:	City: State: City: City: State:	Destroyed Minor None ZIP: ZIP: ZIP:				
Registered Owner of Other Aircraft First Name:	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor None ZIP: ZIP: ZIP:				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor Substantial None ZIP:				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor None None Minor Substantial None Minor Minor None Minor Minor None Minor Minor None Minor Minor Minor Minor Minor Minor Minor None Minor Mino				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor Substantial None ZIP:				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor None None Substantial None None Minor None None Minor Minor None Minor Minor Minor None Minor Minor None Minor Minor Minor Minor Minor None Minor Mino				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor None None Minor Substantial None Minor Minor None Minor				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor None None Substantial None None Minor None None Minor Minor None Minor Minor Minor None Minor Minor None Minor Minor Minor Minor Minor None Minor Mino				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure?	City: State: Country: City: State: State: Country: **ILURE (If more space is needed, continue of the continu	Destroyed Minor None None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part not	City: State: Country: City: State: Country: **ILURE (If more space is needed, continue of the co	Destroyed Minor None None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part not) DAMAGE TO AIRCRAFT AND OT	City:	Destroyed Minor None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part not part) DAMAGE TO AIRCRAFT AND OT Aircraft Damage Aircraft	City:	Destroyed Minor None				
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/FA Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part not) DAMAGE TO AIRCRAFT AND OT	City:	Destroyed Minor None				

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section) Airport Identifier; KDEN	Description of Damage to Aircraft and C	Other Property (use addi	itional sheet if r	necessary)	
Name Convert Indentifier K Enterior Contained Enterior					
Name Convert Indentifier K Enterior Contained Enterior					
Name Convert Indentifier K Enterior Contained Enterior					
Name Convert Indentifier K Enterior Contained Enterior					
Name Convert Indentifier K Enterior Contained Enterior					
Name Convert Indentifier K Enterior Contained Enterior					
Name Convert Indeptition Aligner Indeptition Indep	AIRPORT INFORMATION (If the	e accident/incident occu	ırred on appı	roach, takeoff or within 3 miles	s of an airport, complete this section)
Name					
Approach Segment (Select one)	Airport Name: Denver International Air	port			
Approach Segment Select one	Proximity to Airport	rip 🗌 On Airport 🔲 0	On Airstrip	Airport Elevation:	5,523 ft. MSL
Downwin	Approach Segment (Select one)				
FR Approach (Check all that apply)					
DDA GPS			PF		
SDF					
ORATVOR Cocalizer Only Visual Unknown Go Around Go Around Full Stop Precautionary Landing Precautionary Landing Land					
Runway Information	☐ VOR/TVOR ☐ Localizer Only	Visual		☐ Valley/Terrain Following	☐ Forced Landing
Runway D: 26					
Runway/Landing Surface Check all that apply Mater-Choppy Mater-Glassy M	Runway Information			Condition of Runway/Land	ing Surface (Check all that apply)
Rough Show-Dry Water-Glassy Show-Dry Water-Glassy Water Grass/Tur Macadam Water Check all that apply Water-Glassy Wat	Runway ID: 26 (L/R/C) Length:	12,000 ft Width:	ft		
Concrete Gravel Metal/Wood Unknown Slush Covered Vegetation Vegetatio	Runway/Landing Surface (Check all that	apply)		☐ Ice Covered ☐ Snow	v-Dry Water-Glassy
Slush Covered Vegetation					<u> </u>
Last Departure Point Airport ID: KDFW Airport ID: KDFW Airport ID: KDFW City: Dallas Airport ID: KDEN City: Denver City: Denv			l		_
Airport ID: KDEN City: Dallas State: TX Country: United States Time: 1318z Time: 2.0ne: Central State: Colorado Country: United States Time Zone: Central State: Colorado Country: United States Type of ATC Clearance/Service (Check all that apply) Special VFR IFR VFR On Top Top of Top of Top of Top of Tartific Advisory Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class G Restricted Area Military Operations Area (MOA) Class C Demo Area Military Operations Area (MOA) Cargo Check all that apply None Towing Glider Parachutists Water Cargo Other External Cargo Gallons Fuel Type South Sout	FLIGHT ITINERARY INFORMA	TION			
City: Dallas State: TX Country: United States Time Zone: Central State: TX Country: United States Type of ATC Clearance/Service (Check all that apply) None Special VFR	Last Departure Point	Time of Departure	Destination	1	Type Flight Plan Filed
City: Denver State: TX Country: United States Time Zone: Central Time Zone: Central State: Colorado Country: United States Type of ATC Clearance/Service (Check all that apply) Special VFR VFR VFR IFR VFR On Top Traffic Advisory Class A Class E Prohibited Area Class G Restricted Area Class C Class D Class C Class	Airport ID: KDFW	Time: 13187	Airport ID: 1	KDEN	
Country: United States Country: United States Activated? Yes No Type of ATC Clearance/Service (Check all that apply) None					
Type of ATC Clearance/Service (Check all that apply) None Special VFR V 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 Aircraft Load Description (Check all that apply) None Towing Glider Parachutists Unknown 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) Gallons Gallons Job Automotive JP5		Time Zone: Central	State: Color	rado	□VFR
None Special VFR Special IFR VFR On Top Traffic Advisory Unknown / NA Airspace where the accident/incident occurred (Check all that apply) Class A			Country: <u>Un</u>	ited States	Activated? Yes No
VFR			-1 IED	□ VED El:-l-4 E-11	in a Consist
Class A	☐ VFR ☐ IFR				<u>=</u>
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 Livestock Unknown Livestock Unknown Check all that apply Livestock Unknown Cargo Other External Chemical/Fertilizer/Seeds Chemical/Fertilizer/Seeds Convert from pounds, as necessary)	Airspace where the accident/incident occ	curred (Check all that app	ply)		
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 Water Unknown Cargo Other External Chemical/Fertilizer/Seeds FUEL & SERVICES INFORMATION Fuel on Board at Last Takeoff (convert from pounds, as necessary) Gallons G		_			
Aircraft Load Description (Check all that apply) None					=
None Towing Glider Parachutists Livestock ✓ Passengers Towing Banner Water Unknown Cargo Other External Chemical/Fertilizer/Seeds Other External Other External Chemical/Fertilizer/Seeds Other External Other External Other External Other, specify Other	Class D Warning Area	ı 🗌 Airp	ort Advisory A	Area	
Passengers	· ·	* * * * /	1 4		
Cargo Other External Chemical/Fertilizer/Seeds FUEL & SERVICES INFORMATION Fuel on Board at Last Takeoff (convert from pounds, as necessary)		_			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) Gallons Fuel Type 80/87					
(convert from pounds, as necessary) Gallons Bo/87 115/145 JP3 Other, specify 100/130 Automotive JP5	FUEL & SERVICES INFORMA	TION			
Gallons Gallon		. –	□ 115′115		
Gallons					her, specify
Other Services, if Any, Prior to Departure	Gallons		=		
	Other Services, if Any, Prior to Departu	re			

EVACUATION OF AIRCRAFT									
Was an emergency evacuation	on of the aircraft	performe	d?	Yes	✓ No				
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location									
WEATHER INFORMA Weather Observation Facility Facility ID: KDEN Observation Time: 1353z	TION AT THE		DENT Sour (Chec	T/INCIDEN	T SITE r Information Service	locat	☐ Company	Method o (Check all t ☐ In Perso ☐ Teletype	<i>hat apply)</i> n
T. Z. CMT		_		v/Radio	uon		☐ Internet		ne/Computer
Distance from Accident Site:	30 N			utomated Report ommercial Weat	t ther Service (DUA)	TS)	Unknown	☐ Aircraft ☐ TV/Rad	io
Direction from Accident Site:	180 degre	ees MAG						✓ Unknow	/n
Briefing Type/Completeness ☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Abbreviate ☑ Unknown ☐ Not Pertine		Ligh Da Da		Dusk Night		Dark Night Bright Night Not Reported	Visibility 10	_ miles
Few	Thin Broken Thin Overcast Unknown	Ceiling None Broke	n		Obscured Indefinite Unknown		None Blowing Dust Blowing Sand Blowing Snow	☐ Fog ☐ Gro ☐ Haz ☐ Ice I	und Fog e Fog
Lowest Cloud Condition Hei	ght	Ceiling	Heigh	t			Blowing Spray Dust	☐ Smo	
12,000	ft AGL				ft AGL	_	Dust		ino wii
Wind Direction	Wind Speed			Wind Gusts		Ty	pe of Turbulence (Ca	heck all that o	apply)
✓ Indicated:	Velocity:	7 _{KTS}		Velocity:	KTS		None	ouds nity of Thundo	erstorm
☐ Variable	☐ Calm ☐ Light and Varia		☐ Gusting ☐ Not Gusting			verity of Turbulence Extreme	Light		
NOTAMs (D, L and FDC)	, AIRMETs, SI	GMETs	, PIR	EPs in effect	at the time of	f the	accident/incident		
or <u>30.15</u> !	n. HG MB	Amount None Trace Light	nt	Moderate Severe	Type Rime Clear Mixed		☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers	on (Check all Drizzle Ice Pellets Snow Pell Snow Gra Ice Crysta Ice Pellets	ets ins ls
Density Altitude:	" 	Amour None Trace	nt	Moderate Severe	Type Rime Clear	-		Freezing I	
		Light			Mixed		Light M	oderate	Heavy

PILOT "A" INFORMATION											
Pilot "A" Responsibilities a ✓ Pilot ☐ Co-Pilot	t the Time of Acc	cident/Incid		Check Pilot	☐ Fligl	ht Engineer	Other	Flight Crew			
Pilot "A" Identification											
First Name: Robert Middle Initial: M. Last Name: Semprini				Stat	y: Comi te: ny intry: U	Z	ZIP: <u>1172</u>	5			
Age at time of Accident/Incident: 51 Date of Birth: Certificate Number: Certificate Number:											
Degree of Injury	Seat Occupio	ed			Belt			Shoulder H	Iarness		
Mone ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Left Right Center	☐ Front ☐ Rear ☐ Single	Unkno	wn Used			□ No □ No	Used Available	Yes Yes	□ No	
Pilot Certificate(s) (Check a	Pilot Certificate(s) (Check all that apply)										
1	ght Instructor	☐ Recre. ☐ Sport		☐ Commerci ☑ Airline Tr	ansport		Flight Engir U.S. Militar	У	Foreign		
Principal Occupation	Medical Certifica			_		rtificate Va	-	Date of L	ast Medica	ıl	
☑ Pilot ☐ Other ☐ Unknown	▼ Class 1	Class 3 Driver's Licer Unknown	nse (Sport Pilo	t only) 🔲 V		mitations/wai ations/waiver		06/07/ mm/dd			
Medical Certificate Limitat	tions										
Medical Certificate Waive	·s										
Date of Last Flight Review		Flight	Review Air	craft							
or Equivalent, Including	07/24/2012	Make:	Boeing								
FAR 121/135 Checks: _	mm/dd/yyyy		. 737-500/8	00							
Airplane Rating(s)	Other Aircraft					Instructs	n Doting(s)				
(Check all that apply)	(Check all that ap			nent Rating(s) ll that apply)	'	(Check all	r Rating(s)	1			
None	None	1 27	None	11 27		None	11 //	Г	Instrument	Airplane	
☐ Single-Engine Land	Airship		Airpla Airpla	ane		Airplan	e Single-Eng	gine	Instrument		
Single-Engine Sea	Free Balloon		Helic			☐ Airplane Multi-Engine ☐ Helicopter					
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Powe	red Lift		Gyropla Powere			Glider		
	Helicopter					rowere	u LIII	_	Sport		
	☐ Powered Lift										
Type Ratings						Student E	Endorseme	nts (Include d	lates)		
EMB-145 ATR 42/72											
Boeing 737-300/500/700/800/900											
		1		T				1	I	1	
Flight Time (enter appropriate number of hours in each box)	e All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instr Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	20,000										
Pilot in Command (PIC)	10,000										
Time as Instructor	1,500										
This Make/Model											
Last 90 Days	220										
Last 30 Days	80										
Last 24 Hours	8				1		1		1		

PILOT "B" INFORMATION										
Pilot "B" Responsibilities at ☐ Pilot		ent/Incide		Check Pilot	☐ Flig	tht Engineer	Other	Flight Crew		
Pilot "B" Identification										
First Name: Miles				Cits	r: Lake	\/illa				
Middle Initial: Lee					e: IL		IP: 60045	 5		
Last Name: Monroe					ıntry: _					
Age at time of Accident/Incid	dent:47	ate of Birt	h: <i>mm/dd/yy</i>		tificate	Number:				
Degree of Injury	Seat Occupied			1	Belt			Shoulder H	arness	
None	Right	Front Rear Single	Unknown	Used Avai			☐ No ☐ No	Used Available	✓ Yes ☐ Yes	□ No □ No
Pilot Certificate(s) (Check all	l that apply)									
□ None □ Stud ☑ Private □ Flig	lent ht Instructor	☐ Recreat	tional	Commerci Airline Tra			Flight Engir U.S. Militar	у	Foreign	
	Medical Certificate					rtificate Val	-	Date of L	ast Medica	l
1 1100	☐ None ☐ Cla		se (Sport Pilot			mitations/waivers		06/12/20)12	
		iknown	se (Sport Filot		nknown		•	mm/dd/j	vyyy	
Medical Certificate Limitat	ions							1		
Must wear corrective lenses	IOIIS									
iviust wear corrective lenses										
Medical Certificate Waiver	S									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including FAR 121/135 Checks:	06/2012	Make:	Boeing							
	mm/dd/yyyy	Model:	737							
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrum	ent Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that apply	v)	,	that apply)		(Check all th	11 -			
☐ None ☑ Single-Engine Land	☐ None ☐ Airship		☐ None ☑ Airpla			None			Instrument A	
Single-Engine Sea	Free Balloon		Helico	ne pter	☐ Airplane Single-Engine ☐ Instrument ☐ Airplane Multi-Engine ☐ Helicopter					encopter
Multiengine Land	Glider		Power		☐ Gyroplane ☐ Glider					
Multiengine Sea	Gyroplane Helicopter					Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student En	ndorsemen	ts (Include de	ites)	
BA3100, CL-65, SK-61, B737,	BE200									
			Airplane			<u> </u>		1		
Flight Time (enter appropriate number of hours in each box)		his Make & Model	Single Engine	Airplane Multiengine	Night		rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	9,000									
Pilot in Command (PIC)	3,000	+								
Time as Instructor	<u> </u>									
This Make/Model										
Last 90 Days	70									
Last 30 Days	70									
Last 24 Hours	8									

ADDITIONAL FLIGHT CREW M	EMBERS (Exclusive of ca	abin attendants, complete th	ne following inform	nation)	
First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:		Degree of I None Minor Serious	njury □ Fatal □ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ R ☐ Private ☐ Flight Instructor ☐ S Type Rating/Endorsement for	tecreational Commercial Airline Transport Total Fli	Flight Engineer port U.S. Military ght Time at the Time ccident/Incident:	☐ Foreign	Seat Occup Left Right Center	ied Front Rear Single Unknown
	or emistr			I	
First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:		Degree of I None Minor Serious	njury Fatal Unknown
Private Flight Instructor S Type Rating/Endorsement for	eccreational Commercial port Airline Transp Total Fli	Flight Engineer Out U.S. Military ght Time at the Time ccident/Incident:	Foreign	Seat Occup Left Right Center	ied Front Rear Single Unknown
Pilot Name and Address	·			Degree of I	niury
First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:		None Minor Serious	Fatal Unknown
Private Flight Instructor S Type Rating/Endorsement for	decreational Commercial Airline Transport Total Fli	Flight Engineer Out U.S. Military ght Time at the Time	☐ Foreign	Seat Occup Left Right Center	ied Front Rear Single Unknown
		ccident/Incident:			
PASSENGER(S) / OTHER PERS	SONNEL (Include flight at	ttendants; continue on sepa			ı .
Name and Address			Seat	Crew Non- Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown
First Name: Eric Middle Initial: Last Name: Parisano	City: Phi State: PA Country:	ladelphia		á 🗆 🗆 🗆	
First Name: Katrin Middle Initial: Last Name: D'Amico	City: Co\ State: CA Country: _	vina		Z	
First Name: Christopher Middle Initial: Last Name: Capparelli	State: NY	ten Island ZIP: 10304		Z	
First Name: Middle Initial: Last Name:	City:State:Country:_	ZIP:			
First Name: Middle Initial: Last Name:	City: State:	ZIP:			
First Name: Middle Initial: Last Name:	City: State:	ZIP:			
First Name: Middle Initial: Last Name:	City: State:	ZIP:			
First Name: Middle Initial: Last Name:	City: State:	ZIP:			

OWNER/OPERATOR INFORMATION	N					
Registered Aircraft Owner		Owner Address				
Name: Continental Airlines Inc	City: Houston					
Fractional Ownership Aircraft: Yes Vo	State: TX ZIP: 77002-7362 Country: United States					
Operator of Aircraft Same As Register	ed Owner	Operator Address	Same As Registered Owner			
Name:		City: ZIP:				
Doing Business As: United Airlines	1.)	State: ZIP:				
Air Carrier/Operator Designator (4 Character Co	de):	1	Country:			
Regulation Flight Conducted Under		Revenue Sightseeing Flight Yes No				
FAR 91 FAR 129 FAR 91 Specia						
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comr ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-		Air Medical Flight				
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		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 Oper (Check all that apply)	rating Certificate Held			
☐ Personal	✓ Scheduled or Commuter	None				
Business	Non-Scheduled or Air Taxi	✓ Flag Carrier Operating Cert ☐ Supplemental	tificate (121)			
☐ Executive/Corporate ☐ Other Work Use		Air Cargo				
☐ Instructional	Domestic or International	☐ Foreign Air Carriers (129)				
Ferry	✓ Domestic	Commuter Air Carrier (135 On-Demand Air Taxi (135)	,			
☐ Positioning ☐ Aerial Application		Large Helicopter (127)	'			
Aerial Observation	Cargo Operation	Rotorcraft External Load (1	133)			
☐ Air Drop ☐ Air Race / Show	Passenger/Cargo Passenger How many?	- or -	,			
Flight Test	Cargolbs	Agricultural Aircraft (137)				
☐ Public Use ☐ Unknown	Mail	Other Operator of Large Ai	ircraft			
OTHER AIRCRAFT – COLLISION	Marin on annual callistan account a suppleted	Alle a cather for aller allers	1			
		D	age to Other Aircraft			
	;		estroyed Minor ubstantial None			
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/FAI	LURE (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.			Total Time/Cycles On Part			
			Hours			
			Cycles			
			Time Since This Part Inspected/Overhauled			
			period o remained			
			Hours			
DAMAGE TO AIDCDAET AND OTH	ED DDODEDTV					
DAMAGE TO AIRCRAFT AND OTH		Ainqueft Euglesian				
DAMAGE TO AIRCRAFT AND OTH Aircraft Damage		Aircraft Explosion None □ Bot	h Ground and In-Flight			

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.
RECOMMENDATION (How could this accident/incident have been prevented?)
RECOMMENDATION (How could this accident/incident have been prevented?) Operator/Owner Safety Recommendation
RECOMMENDATION (How could this accident/incident have been prevented?) Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)								
Use this space if addi	tional space	is needed for any answers.						
I HERERY CERTIE	V THAT TI	HE AROVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BEST OF	MY KNOWI EDGE				
Date of this Report		and Name of Pilot/Operator	ETE AND ACCORATE TO THE BEST OF	WII KINOWLEDGE				
Date of this Report	_	_						
/11/		nt Nama:						
mm/dd/yyyy		nt Name:						
_								
FOR NTSB USE ONLY								
NTSB Accident/Incident	dent No	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received				
CEN12IA502	uont 110.	CEN CEN	J. Brannen	9/4/2012				
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