

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FTW94FA065

Supplement K—Occupant, Survival and Injury Information

<p>1 Seat No. <u>01</u></p> <p>A <u>01</u></p> <p>B If Seat Unknown Enter Persons Name _____</p> <p>C Other _____</p>	<p>2 Position</p> <p>1 <input checked="" type="checkbox"/> Pilot in command</p> <p>2 <input type="checkbox"/> Second pilot</p> <p>3 <input type="checkbox"/> Other crewmember</p> <p>4 <input type="checkbox"/> Passenger</p> <p>A Other _____</p>	<p>For non-survivable accident, go to block 36</p>	<p>3 Age</p> <p>A _____ Yrs</p> <p>B Under 24 mos., enter months _____</p> <p>C Other _____</p>	<p>4 Height _____ Inches</p> <p>A Other _____</p>	<p>5 Weight _____ Lbs</p> <p>A Other _____</p>
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<p>6 Injury Index</p> <p>1 <input type="checkbox"/> None</p> <p>2 <input type="checkbox"/> Minor</p> <p>3 <input type="checkbox"/> Serious</p> <p>4 <input type="checkbox"/> Fatal</p>	<p>7 Condition Prior to Accident (Multiple entry)</p> <p>1 <input type="checkbox"/> Smoker</p> <p>2 <input type="checkbox"/> Language difficulty</p> <p>3 <input type="checkbox"/> Pre-existing disease</p> <p>4 <input type="checkbox"/> Prothesis</p> <p>A Other _____</p>	<p>8 Physically Handicapped (Multiple entry)</p> <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Blind</p> <p>3 <input type="checkbox"/> Mobility impaired</p> <p>4 <input type="checkbox"/> Deaf</p> <p>A Other _____</p>	<p>9 Seat Belt Adjustment</p> <p>1 <input type="checkbox"/> Not fastened</p> <p>2 <input type="checkbox"/> Loose</p> <p>3 <input type="checkbox"/> Snug</p> <p>4 <input type="checkbox"/> Tight</p> <p>5 <input type="checkbox"/> Fastened-Tightness Unknown</p> <p>6 <input type="checkbox"/> Not seated</p> <p>7 <input type="checkbox"/> Seat not equipped</p> <p>A Other _____</p>	<p>10 Shoulder Harness Adjustment</p> <p>1 <input type="checkbox"/> Not fastened</p> <p>2 <input type="checkbox"/> Loose</p> <p>3 <input type="checkbox"/> Snug</p> <p>4 <input type="checkbox"/> Tight</p> <p>5 <input type="checkbox"/> Fastened-Tightness Unknown</p> <p>6 <input type="checkbox"/> Seat not equipped</p> <p>A Other _____</p>
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<p>11 Knew Impact/Accident Coming</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>A Other _____</p>	<p>12 Braced for Impact</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>A Other _____</p>	<p>13 Direction of Movement at Impact (Multiple entry)</p> <p>1 <input type="checkbox"/> Forward 3 <input type="checkbox"/> Upward 5 <input type="checkbox"/> Left</p> <p>2 <input type="checkbox"/> Rearward 4 <input type="checkbox"/> Downward 6 <input type="checkbox"/> Right A Other _____</p>
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<p>14 Exit Used</p> <p>1 <input type="checkbox"/> Did not escape</p> <p>2 <input type="checkbox"/> Spilt in fuselage</p> <p>A Exit number (use diagram) _____</p> <p>B Other _____</p>	<p>Exit Diagram</p> <p>Use following codes for overhead hatches</p> <p>Cockpit 99</p> <p>Cabin 88</p> <p>Tailcone 77</p>	<p>15 Escape Hampered by (Multiple entry)</p> <p>1 <input type="checkbox"/> Not hampered</p> <p>2 <input type="checkbox"/> Smoke</p> <p>3 <input type="checkbox"/> Heat</p> <p>4 <input type="checkbox"/> Injuries</p> <p>5 <input type="checkbox"/> Trapped</p> <p>6 <input type="checkbox"/> Darkness</p> <p>7 <input type="checkbox"/> Debris</p> <p>8 <input type="checkbox"/> Disorientation</p> <p>9 <input type="checkbox"/> Difficulty Using Exit</p> <p>A Specify _____</p> <p>B Other _____</p>
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<p>16 Briefed on Emergency Procedures (Multiple entry)</p> <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Before takeoff</p> <p>3 <input type="checkbox"/> Before impact/accident</p> <p>A Other _____</p>	<p>17 Evacuation Aided by (Multiple entry)</p> <p>1 <input type="checkbox"/> Passenger</p> <p>2 <input type="checkbox"/> Crew</p> <p>3 <input type="checkbox"/> Bystander</p> <p>4 <input type="checkbox"/> CFR personnel</p> <p>5 <input type="checkbox"/> Unaided</p> <p>A Other _____</p>	<p>18 Injured During Evacuation</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>A Other _____</p>
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Complete this section if oxygen was used.

<p>21 Type of Equipment</p> <p>1 <input type="checkbox"/> Supplemental</p> <p>2 <input type="checkbox"/> Portable</p> <p>A Other _____</p>	<p>22 Difficulty in Use</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>A Other _____</p>	<p>23 Type of Oxygen System</p> <p>1 <input type="checkbox"/> Solid state</p> <p>2 <input type="checkbox"/> Gaseous</p> <p>A Specify _____</p> <p>B Other _____</p>
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F | T | W | 9 | 4 | F | A | 0 | 6 | 5

Supplement K—Occupant, Survival and Injury Information (continued)

Complete this section for accidents involving fire.

24 No fire involved (Go to block 29)

25 Fire First Sighted (Location)

- 1 Inside aircraft
- 2 Outside aircraft
- 3 Both
- A Other

26 Smoke Mask/Goggles Used (Multiple entry)

- 1 No
- 2 Yes
- 3 Both
- 4 Difficulty in use
- A Other

27 Material of Clothes Worn (Multiple entry)

- 1 Synthetic
- 2 Nonsynthetic
- 3 Fire resistant
- 4 Mix-synthetic and nonsynthetic
- A Other

28 Exposure to Heat/Fire (Multiple entry)

- 1 Head/face
- 2 Arm(s)
- 3 Hand(s)
- 4 Leg(s)
- 5 Torso
- 6 Feet
- A Other

Complete this section for accidents involving ditching/water impact.

29 No water impact (Go to block 36)

flotation Devices	A Available			C Used			E Familiar With Use			G Problems In Use			I Malfunctioned With Use			K Equipment Damaged		
	1 Yes	2 No	B Other	1 Yes	2 No	D Other	1 Yes	2 No	F Other	1 Yes	2 No	H Other	1 Yes	2 No	J Other	1 Yes	2 No	L Other
30 Liferaft																		
31 Vest-Inflatable																		
32 Vest-Non-inflatable																		
33 Cushion																		

34 Time in Water

- A _____ Hrs.
- B _____ Mins.
- C Other

35 Rescued by

- 1 Boat
- 2 Airplane
- 3 Helicopter
- 4 None
- A Other

Occupant Injuries—Complete applicable parts for survivors and nonsurvivors.

Items 36 thru 39 apply ONLY to flight crewmembers.

36 Medication—Prescribed

- 1 No
- A Yes (Specify: _____)
- B Other

37 Medication Being Taken

- 1 No
- A Yes (Specify: _____)
- B Other

38 Medication/Drugs Found

- 1 No
- A Yes (Specify: _____)
- B Other

39 Pre-existing Disease Found at Autopsy

- 1 No autopsy performed
- 2 None reported
- A Yes Specify: _____
- B Other

Results of Toxicological Analyses—Complete as applicable for survivors and nonsurvivors.

40 Toxicology (Multiple entry)

- 1 Not ordered
- 2 Not ordered—performed
- 3 Ordered—performed
- 4 Ordered—not performed
- 5 Embalmed
- 6 Specimen not available/unsuitable for analysis
- A Other

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Supplement K—Occupant, Survival and Injury Information (continued)

Results of Toxicological Analyses—(Complete as applicable for survivors and nonsurvivors.) (continued)

Substances	A Test Results			C Level of Substances Found
	1 Positive	2 Negative	B Other	
41 Ethanol (Alcohol)				Mg %
42 CO (Carbon Monoxide)				% Saturation
43 hb (Hemoglobin)				gm %
44 HCN (Hydrogen Cyanide)				Microgram/ml
45 Acidic and Neutral Drugs				
46 Basic Drugs				
47 Marijuana				
48 (Specify) _____				

List any additional toxicological substances discovered below.

A Substance Code	B Level of Substances Found	A Substance Code	B Level of Substances Found
49		56	
50		57	
51		58	
52		59	
53		60	
54		61 (Specify)	
55		62 (Specify)	

Toxicological Substances/Codes

Acetaminophen 001	Cocaine 018	Imipramine 035	Menthol 052
Acetaldehyde 002	Codine 019	Isopropanol 036	Morphine 053
Acetone 003	Desipramine 020	Ketamine 037	Medazepam 054
Amoxapone 004	Diazepam 021	Lidocaine 038	Nicotine 055
Amitriptyline 005	Dihydrocodemone 022	Loxapine 047	Nortriptyline 056
Amobarbital 006	Diphenhydramine 023	Mecloqualone 039	Oxazepam 057
Amphetamine 007	Diphenylhydantoin 024	Mependine 040	Pentazocine 058
Benzoylcgonine 008	Doxepin 025	Mephenemine 041	Phenobarbital 059
Brompheniramine 009	Desalkylflurazepam 026	Meprobamate 042	Propranolol 060
Butabital 010	Ethchlorvynol 028	Methadol 043	Propoxyphene 061
Butobarbital 011	Flurazepam 029	Methadone 044	Secobarbital 062
Caffeine 012	Flurazepam 030	Methamphetamine 045	Thioridazine 063
Cannabinoids 013	Fluphenazine 031	Methaqualone 046	Tenazepam 064
Chlorazepate 014	Glutethimide 032	Methylenedioxymethamphetamine 048	Nordazepam 065
Chlordiazepoxide 015	Haloperidol 033	Phenamine 049	Pentobarbital 066
Chlorpheniramine 016	Hexobarbital 034	Methyphenidate 050	Phencyclidine 067
Clonazepam 017		Methyprylon 051	Phendimetrazine 068
			Prazepam 069

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Supplement K—Occupant, Survival and Injury Information (continued)

83 For multiple extreme traumatic injuries, check box, and go to next applicable supplement.

Occupant Injury Coding Chart (Complete for survivors and non survivors as applicable.)

	A Body Region	B Aspect	C Lesion	D System/Organ	E A.I.S. Severity	F Injury Source	G Source of Data
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							

Body Region - A

- 01 Head (Skull, scalp, ears)
- 02 Face (Forehead, nose, eyes, mouth)
- 03 Neck (Cervical spine, C1-C7)
- 04 Shoulder (Clavicle, scapula, joint)
- 05 Upper limb (Whole arm)
- 06 Arm (Upper)
- 07 Elbow
- 08 Forearm
- 09 Wrist
- 10 Hand—fingers
- 11 Chest (Anterior and posterior ribs)
- 12 Abdomen (Diaphragm and below)
- 13 Back (Thoracic spine T1-T12)
- 14 Back (Lumbar L1-L5)
- 15 Pelvis—hip
- 16 Lower limb (Whole leg)
- 17 Thigh (Femur)
- 18 Knee
- 19 Leg (Below knee)
- 20 Ankle
- 21 Foot—toes
- 22 Whole body
- 88 Injured, unknown region
- 99 Other

Aspect Of Injury - B

- 01 Right
- 02 Left

- 88 Injured aspect unknown
- 99 Other

Lesion - C

- 01 Laceration
- 02 Contusion
- 03 Abrasion
- 04 Fracture
- 05 Concussion
- 06 Avulsion
- 07 Rupture
- 08 Sprain
- 09 Dislocation
- 10 Crush
- 11 Amputation
- 12 Burn
- 13 Fracture and dislocation
- 14 Severance (Transection)
- 15 Strain
- 16 Detachment (Separation)
- 17 Perforation (Puncture)
- 88 Injured unknown lesion
- 99 Other

System/Organ - D

- 01 Skeletal
- 02 Vertebrae
- 03 Joints
- 04 Digestive

- 05 Liver
- 06 Nervous System
- 07 Brain
- 08 Spinal cord
- 09 Ears
- 10 Arteries veins
- 11 Heart
- 12 Spleen
- 13 Urogenital
- 14 Kidneys
- 15 Respiratory
- 16 Eye
- 17 Pulmonary/lungs
- 18 Airway
- 19 Muscles
- 20 Integumentary
- 21 Thyroid (Thyroid or other endocrine gland)
- 88 Injured, unknown system or organ
- 99 Other

Abbreviated Injury Scale - E

- 00 Not injured
- 01 Minor injury
- 02 Moderate injury
- 03 Serious injury (Not life-threatening)
- 04 Severe injury (Life-threatening survival probable)
- 05 Critical injury (Survival uncertain)
- 06 Maximum (untreatable)
- 07 Injured (Unknown severity)
- 88 Unknown if injured

Source of Data - G

- Official
- 01 Autopsy records with or without hospital/medical records
- 02 Hospital/medical records
- 03 Emergency room records
- 04 Private or treating physicians
- Unofficial
- 05 Lay coroner
- 06 E.M.S. personnel
- 07 Interviewee
- 08 Police
- 09 Other source

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Supplement K – Occupant Survival and Injury Information (continued)

Injury Source List - F

- | | |
|---------------------------------|----------------------------------------|
| 01 Windshield | 25 Ground/runway |
| 02 Windshield frame | 26 Unsecured seat(s) |
| 03 Window | 27 Outside object(s) entering aircraft |
| 04 Window frame | 28 Galley item(s) |
| 05 Instrument panel | 29 Food/beverage item(s) |
| 06 Side console | 30 Other interior objects |
| 07 Center console | 31 Other exterior objects |
| 08 Control stick/cyclic stick | 32 Evacuation slide/slide raft |
| 09 Collective | 33 Escape rope/tape |
| 10 Control yoke/column | 34 Escape inertia device |
| 11 Throttle quadrant/levers | 35 Ejected from aircraft |
| 12 Rudder pedals | 36 Propeller/rotor blades |
| 13 Ceiling | 37 Exterior aircraft surface |
| 14 Sidewall | 38 Engine |
| 15 Floor | 39 Wheel/tires |
| 16 Fuselage framing/structure | 40 Ground vehicle |
| 17 Table | 41 Toxic/noxious/irritant fumes |
| 18 Seat | 42 Fire/radiant heat |
| 19 Seatback tray | 43 Flying glass |
| 20 Restraints—seatbelt/tiedown | 44 Door/hatches |
| 21 Restraints—shoulder harness | 45 Acceleration forces |
| 22 Unsecured item(s) in cockpit | 46 Exposure |
| 23 Unsecured item(s) in cabin | 47 Glare Shield |
| 24 Other occupants | 48 Eyeglasses |
| | 88 Unknown |
| | 99 Other |

74 Death Due To Fire/Smoke

- 1 Yes
 2 No
 A Other

75 Death Due To Drowning

- 1 Yes
 2 No
 A Other