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				Date/Time						
Nearest City/Place: Orlando S			ate: FL	Date 04/14/2		al Time: 16	00	_		
ZIP:Country: USA				mm/dd/yy	yy Tie	70na Ea	stern			
Latitude: 28°25'52" N (dd	l:mm:ss N/S) Longitude:	081°18'26" 🙀 (d	dd:mm:ss E/W)		111	ne Zone		_		
Phase of Operation		_		Collision with O	ther Aircraft		f In-Flight			
	incl. initial climb)		Hover Other	☐ Midair ☐ On-ground		Occurren	ce			
☐ Taxi ☐ Climb ☐ Descent ☐ Landing		pproach	Unknown	✓ None			10000	ft MSL		
AIRCRAFT INFOR	MATION	100000000000000000000000000000000000000	SEATING E		A STATE OF THE PARTY OF THE PAR		The second	Sal Nas		
Manufacturer: Embraer				Max Gross V	/eight:1	14199 lbs				
Model: ERJ 190-100 IG		- 3			me of Accident/In		915	00 lbs		
Serial Number: 1900062				_	Center of Gravity					
Registration Number: N		- A	lt: 🔲 Yes 🗹 No				or datu			
Registration Number: 14	137 33 <u>D</u>	Amateur-Dui	IC: Tes Maine	or			namic Cord (
Category of Aircraft	Type of Airworthine	ss Certificate	Number of	Seats:1	05 Landi	ng Gear	☑ Retrac	table		
	(Check all that apply)				Check	any addition	nal landing ge	ar		
☐ Balloon ☐ Blimp/Dirigible		pecial	If Large Aircr	aft, how many seats	for: config	guration that	applies:			
Glider		Restricted Limited	Flight Cre	ew:	_2 Z Tr	icycle	☐ Ta	ilwheel		
Gyrocraft	☐ Acrobatic ☐	Provisional	Cabin Cre	ew:	<u>3</u> □ Aı	mphibian		igh Skid		
☐ Helicopter ☐ Powered lift		Experimental	Passenger	rs: <u>1</u>	00 Er	nergency Flo	at □Sk □Sk			
Ultralight		Special Flight Light Sport		- 177				i/Wheel		
Unknown						nknown				
Type of Maintenance Pro	ogram	Last Inspec	ction Type		Date Last Inspe	ction:				
Annual		100 Hour		us Airworthiness		m	m/dd/yyyy			
☐ Conditional (Amateur-buil☐ Manufacturer's Inspection		AAIP Annual	☐ Condition	nal Inspection	Airframa Tatal	Т:	116	14		
Other Approved Inspectio	n Program (AAIP)	- Attorious		•				nrs		
						45%		ent/Incident		
	<u> </u>	Stell Warni	ing System Inst	alled						
	own	412.15.11			☐ None ☑ Specify Engine, APU, Cargo and Lavatory fire					
			<u> </u>		Specify Engine	, APU, Caro	o and Lavat	lory fire		
					exingu	iisi iii ig syste	illis il is la liec			
	T Activated	ELT Manu	facturer: ARTE	X						
☑ Yes ☐ No ☑	Yes No	Model/Serie	del/Series: C406-2							
ELT Aided in Locating A	Accident/Incident		Serial Number: <u>210-02837</u>							
Yes 🛮 No		1	pe: Lithium Ion		Batte	ery Exp. Da	ate: <u>02/27/</u>	2018		
Engine Type		ating Fuel	Propeller					 _		
☐ Reciprocating ☐ Turb	DO JEL I		_							
Turbo Shaft Turb					turer:					
Lingo stop Cluk	,nown			Model: _	In a nati	1	1	<u> </u>		
					Power Measured		Time	Time		
				Date	as (check one)	Total	Since	Since		
n . n	Engine Model/Series		anufacturer's	of Mfg.				Overhaul		
	CF34-10E	424		mm/aa/yyyy	LI 103 OI TIUUSI	11614	(HORLS)	(000.3)		
	CF34-10E	424				11614	_			
Eng. 3					<u> </u>					
Eng. 4										
Other Approved Inspectio Continuous Airworthiness Other, specify: IFR Equipped Yes No Unknown ELT Installed EL Yes No ELT Aided in Locating A Yes No Engine Type Reciprocating Turb Turbo Shaft Turb Turbo Prop Unk Engine Engine Manufactu Eng. 1 General Electric Eng. 3	own T Activated Yes No Accident/Incident Bo Jet System T Carbure Fuel Inj Engine Model/Series CF34-10E	Stall Warni Yes ELT Manu Model/Seric Serial Num Battery Typ ating Fuel ype stor sected Mas Se 424	ing System Instance No Unknown facturer: ARTE es: C406-2 ber: 210-0283 pe: Lithium Ion Propeller Fixed Pitch Controllable P anufacturer's rial Number 561	alled yn EX 7 Manufac itch Model:	Batte Engine Rated Power Measured	dat (check cition T Tinguishing APU, Carguishing system Total Time (hours)	one) ime of Accid system go and Lavat ims installed ate: 02/27/	ent/Incid		

OWNER/OPERATOR INFORMATIO	N			
Registered Aircraft Owner	Owner Address			
Name: JetBlue Airways	City: 27-01 Queens Plaz			
Fractional Ownership Aircraft: Yes No	State: New York ZIP: 11101 Country: United States			
Operator of Aircraft	ed Owner	- 111	Same As Registered Owner	
		City: ZIP:		
Doing Business As:	de).	State: ZIP: Country:		
Regulation Flight Conducted Under		Revenue Sightseeing Fligh		
	Dublic Her (colors tors)	Yes	☑ No	
☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Specie ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Comm ☑ FAR 121 ☐ FAR 135 ☐ Non-US, Non-	nercial	Air Medical Flight	☑ No	
FAR 125 FAR 137 Armed Forces	1			
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 Response Continue Contin	tificato (121)	
☐ Business ☐ Executive/Corporate	☐ Non-Scheduled or Air Taxi	Flag Carrier Operating Cert Supplemental	unicate (121)	
Other Work Use	Domestic or International	Air Cargo		
☐ Instructional ☐ Ferry	Domestic International	Foreign Air Carriers (129) Commuter Air Carrier (135	i)	
Positioning	Donestic	On-Demand Air Taxi (135)	~	
Aerial Application Aerial Observation	Cargo Operation	Large Helicopter (127)		
Acrial Coser valion	☐ Passenger/Cargo	Rotorcraft External Load (1	133)	
Air Race / Show	Passenger 100 How many?	Agricultural Aircraft (137)		
☐ Flight Test ☐ Public Use	Cargo lbs	☐ Other Operator of Large Aircraft		
Unknown				
OTHER AIRCRAFT - COLLISION	If air or ground collision occurred, complete	this section for <i>other</i> aircraft)	
Aircraft Registration Number Manufacture	r:	Dam	age to Other Aircraft	
2.1	r:	Dam.	estroyed Minor	
2.1	r:	Dam.	age to Other Aircraft	
Registered Owner of Other Aircraft First Name:		Dam	age to Other Aircraft estroyed	
Registered Owner of Other Aircraft First Name: Middle Initial:	City: State:	Dam De Su	age to Other Aircraft estroyed	
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name:	City: State:	Dam	age to Other Aircraft estroyed	
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft	City: State: Country:	Dam De Su	age to Other Aircraft estroyed	
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name:	City: State:	Dam	age to Other Aircraft estroyed	
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft	City: City: Country: City:	Dam De De De De De De De D	age to Other Aircraft estroyed	
Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Middle Initial:	City: State: City: State: State: Country:	ZIP:	age to Other Aircraft estroyed	
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?	City:	ZIP:	age to Other Aircraft estroyed	
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:	City:	ZIP:	Total Time/Cycles On Part	
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?	City:	ZIP:	age to Other Aircraft estroyed	
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?	City:	ZIP:	Total Time/Cycles On Part	
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?	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part	
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?	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
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?	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part	
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 no.	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
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: Was there Mechanical Malfunction/Failure?	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	
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 no.) DAMAGE TO AIRCRAFT AND OTHAIRCRAFT Damage Aircraft	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours	
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 no.	City:	ZIP:	Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled	

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)								
AIRPORT INFORMATION (If the	accident/incident occu	rred on app						
Airport Identifier: KMCO		_	Distance From Airpo	· · · · · · · · · · · · · · · · · · ·				
Airport Name: Orlando International Ai	-2.5	0 47 47	Direction From Airpo	·				
Proximity to Airport Off Airport/Airst	rip ∐ On Airport ∐ (On Airstrip	Airport Elevation:		96 ft. MSL			
Approach Segment (Select one) ✓ On Instrument Approach Landir	g 🔲 Base	e lea	☐ Final		☐ Go Around			
Crosswind Down		Approach		anding (after touchdov				
IFR Approach (Check all that apply)		ln 🕾	VFR Approach (Chec		10.			
☐ None ☐ PAR ☐ ADF/NDB ☐ Sidestep		Practice GPS	│		op and Go ouch and Go			
☐ SDF ☐ ILS ☐ Localizer Only		Loran Unknown	Straight-In Valley/Terrain Followi		mulated Forced Landing orced Landing			
☐ VOR/DME ☐ LOC-back course	Contact	Chkhown	Go Around	Pi	recautionary Landing			
TACAN RNAV	Circling		Full Stop Condition of Runway/		nknown			
Runway Information Runway ID:(L/R/C) Length:	ft Width:	ft		Snow-Compacted	☐ Water-Calm			
Runway/Landing Surface (Check all that		^		Snow-Crusted Snow-Dry	☐ Water-Choppy ☐ Water-Glassy			
Asphalt ☐ Grass/Turf ☐ Mac	_		Rough	Snow-Wet	Wet			
☐ Concrete ☐ Gravel ☐ Meta ☐ Dirt ☐ Ice ☐ Snov	-	1	_ =	Soft Vegetation	Unknown			
FLIGHT ITINERARY INFORMA		Mr. Salah	Espain Espain at A	No.				
Last Departure Point	Time of Departure	Destination	n	Type Fligh	t Plan Filed			
Airport ID: MYNN	Time: 1555	Airport ID:		☐ None ☐ Company	□ VFR/IFR VFR ☑ IFR			
City: Nassau		City: Orlan		Military				
State:	Time Zone: Eastern	State: Florid		☐ VFR Activated?	☑ Yes ☐ No			
Country: Bahamas Type of ATC Clearance/Service (Check a	Il that apply)	Country: On	ited States		<u></u>			
☐ None ☐ Special VFR	Specia	al IFR	☐ VFR Flight		☐ Cruise			
□ VFR	□ VFR (☐ Traffic Adv	isory	Unknown / NA			
Airspace where the accident/incident occ		<i>ply)</i> nibited Area	☐ let 3	Fraining Area	☐ Special			
Class B Class G	Rest	tricted Area	☐ TRS	SA .	Air Traffic Control Area			
☐ Class C ☐ Demo Area ☐ Warming Area	=	itary Operation port Advisory A	s Area (MOA) ☐ FAF Area	(93	✓ Unknown			
Aircraft Load Description (Check all that	<u>`</u>		•		· · · · · · · · · · · · · · · · · · ·			
☐ None ☐ Towing Glide Passengers ☐ Towing Bann		chutists	☐ Live ☐ Unk					
Passengers Towing Banne Cargo Other Externa		nical/Fertilize		diowii				
FUEL & SERVICES INFORMAT	ION			himselfes suem				
Fuel on Board at Last Takeoff	Fuel Type	—						
(convert from pounds, as necessary) 1621 Gallons	80/87	☐ 115/145 ☑ Jet A	☐ JP3 ☐ JP4	Other, specify	7.6			
Gallois	100/130	Automotiv						
Other Services, if Any, Prior to Departu	re			*				

EVACUATION OF AIRCRAFT									
Was an emergency evacuation of the aircraft performed?									
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location									
WEATHER INFORMA	TION AT THI	E ACÇII	DENT	[/INCIDEN	T SITE				
Weather Observation Facilit	у			ce of Weather				Method of (Check all th	
Facility ID: KMCO Observation Time: 2053 Time Zone: Zullu Distance from Accident Site: Direction from Accident Site:		 NM ees MAG	OFI	ational Weather : ight Service Stat V/Radio utomated Report	Service ion	ΓS)	Company Military Internet Unknown	In Person Teletype	ne/Computer Radio o
Briefing Type/Completeness	-00			t Condition				Visibility	
☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Abbreviate ☑ Unknown ☐ Not Pertin		D D	awn 🔲	Dusk Night		Dark Night Bright Night Not Reported	10	miles
Few	Thin Broken Thin Overcast Unknown	Ceiling None Broke	n	- □:	Obscured Indefinite Unknown		striction to Visibility None Blowing Dust Blowing Sand Blowing Snow	☐ Fog ☐ Grou ☐ Haze ☐ Ice F	and Fog
Lowest Cloud Condition Height	ght ft AGL	Ceiling	Heigh		0 ft AGL	ᆸ	Blowing Spray Dust	Smol	
Wind Direction	Wind Speed	.l		Wind Gusts		Ту	pe of Turbulence (C	heck all that a	pply)
☑ Indicated:	Velocity:	17 KTS		Velocity:	KTS		None In Cl Clear Air Vicin	ouds rity of Thunde	retorm
060 degrees MAG	-or- □ Calm			☐ Gusting		I —	verity of Turbulence	-	1510/111
☐ Variable	Light and Vari		☐ Not Gusting			Extreme Moo			Light
NOTAMs (D, L and FDC)				EPs in effect	at the time of	the			
Temperature:28 (C)	I	cing Forec			Туре		Type of Precipitation ✓ None	o n <i>(Check all</i> Drizzle	that apply)
or(F) Altimeter Setting:30.16	n HG	None Trace Light		Moderate Severe	☐ Rime ☐ Clear ☐ Mixed		Rain Snow Hail	☐ Ice Pellets ☐ Snow Pelle ☐ Snow Grai ☐ Ice Crystal	ets ins
Density Altitude:	1400 ft I	eing Actus Amou			Туре		Freezing Rain	☐ Ice Pellets ☐ Freezing □	Shower
Dew Point:(C) or(F)	[None Trace Light		Moderate Severe	Rime Clear Mixed		Intensity of Precipi		Heavy

PILOT "A" INFORMATION										
Pilot "A" Responsibilities ✓ Pilot ☐ Co-Pilot		nt/Incident] Flight Instru	ctor 🔲	Check Pilot	☐ Fligh	nt Engineer	Other l	Flight Crew		
Pilot "A" Identification			·-							
First Name: Tim Middle Initial: Last Name: Rupp				Ci St Co	ty: ate: ountry:	Z	ZIP:	- 2		
Age at time of Accident/Incident: Date of Birth: mm/dd/yyyy County. Certificate Number:										
Degree of Injury	Seat Occupied		uuy)	1	at Belt		1	Shoulder H	[arness	.
Minor Unknown Serious	Left Right	Front Rear Single	Unknov	vn Us	ed		□ No □ No	Used Available	✓ Yes ☐ Yes	□ No □ No
Pilot Certificate(s) (Check		_		_		_			_ %	
	ght Instructor	Recreation Sport	nal	Commer	ransport		Flight Engir	у	Foreign	
Principal Occupation Pilot	Medical Certificate None Clast Class I Driv	ss 3 ver's License (Sport Pilot		Without lin	tificate Va nitations/wai tions/waiver	vers	Date of L	ast Medica	ıl
☐ Other ☐ Unknown	Class 2 Unk		Sport i not		Unknown	CIOILS WAIVEL	3	mm/dd	<i>אינינע</i>	
Medical Certificate Limits Medical Certificate Waive										
Medical Certificate walve										
Date of Last Flight Review or Equivalent, Including	,	Flight Rev								_
FAR 121/135 Checks:	///	1000		-724-						
41. 10. 70.41.43	mm/dd/yyyy	Model:	T4	D - 41 (<u> </u>	T	D - 4!(-)			
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)			ent Rating(! that apply)	s)	(Check all	r Rating(s) that apply)			
□ None	None		☐ None			None			Instrument .	Airplane
Single-Engine Land	Airship		Airpla	ne			e Single-Eng		Instrument	Helicopter
☐ Single-Engine Sea ☐ Multiengine Land	☐ Free Balloon ☐ Glider		☐ Helico☐ Power	pter ed Lift		Gyropia	e Multi-Engi ine		Helicopter Glider	
Multiengine Sea	Gyroplane		_			Powere			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings						Student E	Endorseme	nts (Include d	lates)	
Type Ratings Student Endorsements (Include dates)										
Flight Time (enter appropria number of hours in each box)		s Make	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time					+	+				
Pilot in Command (PIC)					 	+				
Time as Instructor						+				
This Make/Model						 				
Last 90 Days Last 30 Days	 				+	+	<u> </u>	 		
Last 24 Hours	+				1	1				

PILOT "B" INFORMATION										
Pilot "B" Responsibilities ☐ Pilot		ent/Inciden		Check Pilot	☐ Flig	tht Engineer	Other I	Flight Crew		
Pilot "B" Identification										
First Name: Michael				Cit	y:					
First Name: Michael City: Middle Initial: State: ZIP: Last Name: Zaccardo Country:										
Age at time of Accident/Incident: Date of Birth: Certificate Number:										
Degree of Injury	Seat Occupied			Sea	t Belt	···		Shoulder H	arness	
Minor ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☑ Right ☐	Front Rear Single	☐ Unknown	1	d ilable] No] No	Used Available		□ No □ No
Pilot Certificate(s) (Check	all that apply)									
□ None □ St □ Private □ Fl	dent ght Instructor	Recreati	onal	Commerce Airline To			Flight Engir U.S. Militar	у	☐ Foreign	
Principal Occupation	Medical Certificate					rtificate Val	-	Date of La	ast Medica	l
☑ Pilot	□ None □ Cl ✓ Class 1 □ Dr	lass 3 river's License	(Sport Pilot	200		mitations/waiv ations/waivers				
Other Unknown		nknown	/opon i not		Unknown		•	mm/dd/j	עעעע	
Medical Certificate Limits	ntions				.,-			1		
										-14
Medical Certificate Waive	rs									
			141 221							
Date of Last Flight Review	<u> </u>	Flight R	eview Airc	raft						
or Equivalent, Including		Make:								
FAR 121/135 Checks:	mm/dd/yyyy	- Model:							•	
Airplane Rating(s)	Other Aircraft R	Lating(s)	Instrume	ent Rating(s	1	Instructor	Rating(s)		_	
(Check all that apply)	(Check all that appl			that apply)	´	(Check all th	٠.,			
None	None		None			None			Instrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Free Balloon		Airpla	ne Inter		☐ Airplane ☐ Airplane	Single-Engli Multi-Engin	ne 🔲 1	Instrument H Helicopter	elicopter
Multiengine Land	☐ Glider		Helico	ed Lift		☐ Gyroplan	е		Glider	
Multiengine Sea	Gyroplane					Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings	· ,		-		~	Student En	dorsemen	ts (Include da	ites)	
Elista Tima fordan annuari										
Flight Time (enter appropri number of hours in each box)		his Make & Model	Airplane Single Engine	Airplane Multiengine	Night		ument Simulated	Rotorcraft	Glider	Lighter Than Air
			Single		Night		2.0	Rotorcraft	Glider	
number of hours in each box)			Single		Night		2.0	Rotorcraft	Glider	
number of hours in each box) Total Time			Single		Night		2.0	Rotorcraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC)			Single		Night		2.0	Rotorcraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor			Single		Night		2.0	Rotorcraft	Glider	

ADDITIONAL FLIGHT CREV	W MEMBERS	(Exclusive of cabin a	ttendants, complete the	following	Informat	lon)	
Pilot Name and Address						Degree of I	
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	ZIP;			Serious	□ Unknown
Last Name:		Country:		_		1	• •
Pilot Certificate(s) (Check all that a				D r. (Seat Occup	l ed ☐ Front
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Fore	ıgn	Right	Rear
Type Rating/Endorsement for			ime at the Time			Center	Single
	☐ Yes ☐ No	of this Accide		hrs			Unknown
Pilot Name and Address						Degree of I	njury
First Name:		City:				None	Fatal
Middle Initial:		State:	ZIP:			☐ Minor ☐ Serious	Unknown
Last Name:		Country:		_			
Pilot Certificate(s) (Check all that a						Seat Occup	
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer☐ U.S. Military	☐ Fore	ign	☐ Left ☐ Right	☐ Front ☐ Rear
Type Rating/Endorsement for	Порон	· · · · · · · · · · · · · · · · · · ·	ime at the Time			Center	Single
	☐ Yes ☐ No	of this Accider		hrs			Unknown
Pilot Name and Address		A COLOR				Degree of I	njury
First Name:		City:				None	☐ Fatal
Middle Initial:		State:	ZIP:			☐ Minor☐ Serious	Unknown
Last Name:		Country:		_		ļ	
Pilot Certificate(s) (Check all that a						Seat Occup	ied
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Fore	ign	Right	Rear
Type Rating/Endorsement for			ime at the Time			Center	Single
Accident/Incident Aircraft?	Yes No		nt/Incident:	hrs			Unknown
PASSENGER(S) / OTHER F	PERSONNEL	(include flight attenda	ints; continue on separa	te sheet if	necessa	ry)	
PASSENGER(S) / OTHER F	PERSONNEL	(include flight attenda	ants; continue on separa	ite sheet if			, in
PASSENGER(S) / OTHER F	PERSONNEL	(include flight attende	ants; continue on separa				tral jury jury jury o Injury
Name and Address	PERSONNEL						Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name: Jeri	PERSONNEL	City:			C C S	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Jeri Middle Initial:	PERSONNEL	City;State:	ZIP:		C C S	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unkatown
Name and Address First Name: Jeri Middle Initial: Last Name: POIO	PERSONNEL	City:State:Country:	ZIP:		C C S	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan	PERSONNEL	City: State: Country:	ZIP:			Revenue Revenue Non- Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: POIO	PERSONNEL	City: State: Country:	ZIP:			Revenue Revenue Non- Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones	PERSONNEL	City:	ZIP:			Revenue Revenue Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: P		City: State: Country: City: State: Country: City: State:	ZIP:			Revenue Revenue Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: First Name:		City: State: Country: City: State: Country:	ZIP:			Revenue Revenue Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name:		City: State: Country: City: State: Country: City: State: Country:	ZIP:				
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:		City: State: Country: City: State: Country: City: State: Country: City: State: Country:	ZIP: ZIP: ZIP:				
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name: Middle Initial: Middle Initial: Last Name: Middle Initial: Middle Init		City: State: Country:	ZIP: ZIP: ZIP:				
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: Last Name: First Name:		City: State: Country:	ZIP: ZIP: ZIP:			Revenue Revenue Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: Middle Initial: Middle Initial		City: State: Country:	ZIP: ZIP: ZIP: ZIP:			Revenue Revenue Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: POIO First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name: Middle Initial: Middle Ini		City: State: Country:	ZIP:			Revenue Revenue Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:		City: State: Country:	ZIP:			Revenue Non-	
Name and Address First Name: Jeri Middle Initial: Last Name: Polo First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Middle		City: State: Country:	ZIP:			Revenue Non-	
Name and Address First Name:		City: State: Country:	ZIP:			Revenue Occupant	
Name and Address First Name:		City: State: Country:	ZIP:			Revenue Occupant	
Name and Address First Name:		City: State: Country:	ZIP:			Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:		City: State: Country: City: City: State: Country: City:	ZIP:			Revenue Occupant	
Name and Address First Name: Jeri Middle Initial: Last Name: POIO First Name: Susan Middle Initial: P Last Name: Jones First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:		City: State: Country: City:	ZIP:			Revenue Occupant	

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. On April 14, 2017 at approximately 1600 EST, aircraft N373JB, an Embraer E190 operating as Flight 240 from Nassau, Bahamas (NAS) to Orlando, Florida
(MCO) encountered an area of moderate turbulence while descending through 10,000 feet. According to Flight Crew report, the turbulence encounter lasted approximately 4-7 seconds.
During the turbulence encounter, the Inflight Crewmember operating in the F2 position fell in the aft galley causing injury to her leg/ankle. The Inflight Crewmember reported being unable to perform her duties and an able-bodied Customer was briefed and occupied the aft jumpseat for landing while the Injured Crewmember occupied a Customer seat.
The flight continued to and landed safely in MCO where the Crewmember was met by paramedics and transferred to hospital for evaluation. Safety was provided an update on April 15th, 2017 that the Inflight Crewmember has fractured her fibula.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation

ADDITIONAL IN	FORMA	TION (Please type or p	nrint in ink)		
		is needed for any answers.			
Ose and space it addit	space				
			01110	TO AND AGGINETIC TO THE DESCRIPTION OF	IN MICHE FROM
				TE AND ACCURATE TO THE BEST OF	MT KNOWLEDGE
Date of this Report	. ~	and Name of Pilot/Oper	rator		
04/28/2017	Signature:	<u> </u>			
mm/dd/yyyy	Type or Pri		PH .//		
	of Person	Filing Report if Other th	an Pilot/Operato	r	
Signature:	Doul Cus	nv			· · · · · · · · · · · · · · · · · · ·
Type or Print Name De Title: Senior Air Safe	atv Investic	ator			
Titte: Seriioi Aii Sale	by myeaug		FOR NTSB	ISE ONLY	AND THE PARTY OF T
NTSB Accident/Incid	dont No	Reviewed by NTSB Re		Name of Investigator	Date Report Received
DCA17 CA10	uent 140.			J. LOVELL	4/28/2017
JOH / 91/01		WASHINGTON	0.0	J. LOVOR	T 1-0 10011