

**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>Orlando</u> State: <u>FL</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>28°25'52" N</u> (dd.mm.ss N/S) Longitude: <u>081°18'26" W</u> (ddd.mm.ss E/W)		Date/Time Date: <u>04/14/2017</u> Local Time: <u>1600</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</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 type="checkbox"/> Landing <input checked="" 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 <u>10000</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Embraer S.A</u> Model: <u>ERJ 190-100 IGW</u> Serial Number: <u>19000624</u> Registration Number: <u>N373JB</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>114199</u> lbs Weight at Time of Accident/Incident: <u>91500</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
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>105</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>3</u> Passengers: <u>100</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

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 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: _____ <i>mm/dd/yyyy</i> Airframe Total Time: <u>11614</u> hrs hours measured at <i>(check one)</i> <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 Engine, APU, Cargo and Lavatory fire extinguishing systems installed.
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ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: <u>ARTEX</u> Model/Series: <u>C406-2</u> Serial Number: <u>210-02837</u> Battery Type: <u>Lithium Ion</u> Battery Exp. Date: <u>02/27/2018</u>
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <input type="checkbox"/> Controllable Pitch Manufacturer: _____ 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 <i>(check one)</i> <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	General Electric	CF34-10E	424581			11614		
Eng. 2	General Electric	CF34-10E	424584			11614		
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>JetBlue Airways</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner Address City: <u>27-01 Queens Plaza N</u> State: <u>New York</u> ZIP: <u>11101</u> Country: <u>United States</u>
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: _____
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
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 type="checkbox"/> Domestic <input checked="" type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input checked="" type="checkbox"/> Passenger _____ 100 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
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
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 type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input 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	Aircraft Explosion <input 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

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

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

Airport Identifier: KMCO Distance From Airport Center: _____ SM
 Airport Name: Orlando International Airport Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ 96 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)
 None PAR MLS Practice
 ADF/NDB Sidestep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)
 None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Condition of Runway/Landing Surface (Check all that apply)
 Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>MYNN</u> City: <u>Nassau</u> State: _____ Country: <u>Bahamas</u>	Time of Departure Time: <u>1555</u> Time Zone: <u>Eastern</u>	Destination Airport ID: <u>KMCO</u> City: <u>Orlando</u> State: <u>Florida</u> Country: <u>United States</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)
 _____ 1621 Gallons

Fuel Type
 80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>KMCO</u> Observation Time: <u>2053</u> Time Zone: <u>Zulu</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <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 <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input checked="" 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 _____ <u>10</u> miles	
Sky/Lowest Cloud Condition <input 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 checked="" type="checkbox"/> Scattered		Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		Restriction to Visibility <i>(Check all that apply)</i> <input 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 checked="" type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ <u>500</u> ft AGL		Ceiling Height _____ <u>3000</u> ft AGL			
Wind Direction <input checked="" type="checkbox"/> Indicated: _____ <u>060</u> degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: _____ <u>17</u> 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 <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm		Severity of Turbulence <input type="checkbox"/> Extreme <input checked="" 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					
Temperature: _____ <u>28</u> (C) or _____ (F) Altimeter Setting: _____ <u>30.16</u> in HG or _____ MB Density Altitude: _____ <u>1400</u> ft Dew Point: _____ <u>14</u> (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		Type of Precipitation <i>(Check all that apply)</i> <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	
		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		Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

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

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> U.S. Military
			<input type="checkbox"/> Foreign
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	

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>Jeri</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Polo</u> Country: _____	F1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Susan</u> City: _____ Middle Initial: <u>P</u> State: _____ ZIP: _____ Last Name: <u>Jones</u> Country: _____	F2	<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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.

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 INFORMATION (Please type or print in ink)

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

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

Date of this Report 04/28/2017 <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: De Paul Sunny
Title: Senior Air Safety Investigator

FOR NTSB USE ONLY

NTSB Accident/Incident No. DCA17CA101	Reviewed by NTSB Regional Office WASHINGTON D.C	Name of Investigator J. LOVELL	Date Report Received 4/28/2017
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