

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Engine: Enter engine make and model information as indicated on the engine data plate.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying **with** a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft – Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMS ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMS, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

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: International Waters State: _____
 ZIP: _____ Country: _____
 Latitude: _____ (decimal degrees N/S) Longitude: _____ (E/W)

Date/Time

Date: 03/17/2014 Local Time: 0200
 mm/dd/yyyy Time Zone: UTC

Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N803NW

Manufacturer: Airbus

Model: A330-323

Serial Number: 0542 Amateur-built: ☐ Yes ☒ No

Year of Manufacture: 2003 ☐ Kit/Plans
 Make: _____
☐ Original Design

Maximum Gross Weight: 515656 lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 309 Flight Crew Seats: 4

Cabin Crew Seats: 12 Passenger Seats: 293

Number of Engines: 2

Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyrocraft
- ☐ Helicopter
- ☐ Powered lift
- ☐ Ultralight
- ☐ Unmanned
- ☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

- ☐ Unknown
- ☐ Normal
- ☐ Utility
- ☐ Acrobatic
- ☒ Transport

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Light Sport

Landing Gear

(Check all that apply)

- ☐ None
- ☐ Unknown
- ☒ Retractable
- ☐ Tailwheel
- ☒ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel

Engine Type

- ☐ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☒ Turbo Fan
- ☐ Electric
- ☐ Unknown

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☐ Horsepower or ☒ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Pratt & Whitney	PW4168A	733559	06/08/2004	68,000	38,426	9,106	9,627
Eng. 2	Pratt & Whitney	PW4168A	733566	07/23/2004	68,000	36,487	2,107	2,107
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100 Hour
- ☒ Continuous Airworthiness
- ☐ AAIP
- ☐ Conditional Inspection
- ☐ Annual
- ☐ Unknown

Date Last Inspection: 03/15/2014

mm/dd/yyyy

Airframe Total Time: 47,220 hrs

hours measured at (check one)

☒ Last Inspection ☐ Time of Accident/Incident

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Aided in Locating Accident/Incident

☐ Yes ☐ No

ELT Manufacturer: _____

Model/Series: _____

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Additional Equipment (Check all that apply)

- ☐ Airframe Parachute
- ☒ Angle of Attack Indicator
- ☒ Auto-Pilot
- ☒ Data Recorder
- ☒ Electronic Multifunction Display
- ☒ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☒ IFR Equipment
- ☒ Onboard Weather
- ☒ Stall Warning System

Type of Maintenance Program

- ☐ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☒ Continuous Airworthiness
- ☐ Other, specify: _____

Propeller

- ☐ Fixed Pitch
- ☐ Controllable Pitch

Manufacturer: _____

Model: _____

Type of Fire Extinguishing System

- ☐ None
- ☐ Specify _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Delta Air Lines, Inc.</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Atlanta</u> State: <u>GA</u> ZIP: <u>30354</u> Country: <u>U.S.A.</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>DALA</u>		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Commercial Operating Certificate Held <i>(Check all that apply)</i> ☐ None ☒ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 103 ☒ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Armed Forces ☐ Public Use (select type) ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☒ International Cargo Operation ☒ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Air Race/Show ☐ Air Drop ☐ Flight Test ☐ Banner Tow ☐ Glider Tow ☐ Skydiving ☐ Firefighting ☐ External Load ☐ Aerial Application ☐ Aerial Observation ☐ Ferry ☐ Positioning ☐ Public Use ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No		
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ NA		Distance From Airport Center: _____ SM Direction From Airport: _____ degrees Airport Elevation: _____ ft. MSL	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown			
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☐ Crosswind ☐ Landing ☐ Downwind ☐ Base leg ☐ Low Approach ☐ Final ☐ Aborted Landing (after touchdown) ☐ Go Around ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Loran ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

Pilot "A" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

First Name: Suzanne
Middle Initial: L
Last Name: Skeeters

City: Kailua-Kona
State: HI ZIP: 96740
Country: U.S.A.

Age at time of Accident/Incident: 60 Date of Birth: 1953
mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury	Seat Occupied	Available Restraint Type	Restraint Used
☒ None ☐ Minor ☐ Serious	☐ Left ☐ Right ☐ Center	☐ None ☐ Lap only ☐ 3-point	☐ None ☐ Lap only ☐ 3-point
☐ Fatal ☐ Unknown	☐ Front ☐ Rear ☐ Single	☐ 4-point ☒ 5-point ☐ Unknown	☐ 4-point ☒ 5-point ☐ Unknown
	☒ Unknown		

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

Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☒ Unknown ☐ Special Issuance ☐ N/A	Date of Last Medical <u>11/15/2013</u> <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
<u>09/15/2013</u> <i>mm/dd/yyyy</i>	Make: <u>Airbus</u>
	Model: <u>A330</u>

Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
A-330; B-737; B-747; DC-10	

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	10,830	1,793								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	64	64								
Last 30 Days										
Last 24 Hours	0	0								

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☒ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: <u>Michael</u> City: <u>Pleasant View</u> Middle Initial: _____ State: <u>UT</u> ZIP: <u>84414</u> Last Name: <u>Cragun</u> Country: <u>U.S.A.</u> Age at time of Accident/Incident: <u>52</u> Date of Birth: <u> </u> 19 <u>61</u> Certificate Number: <u> </u> mm/dd/yyyy																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☒ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Available Restraint Type ☐ None ☐ 4-point ☐ Lap only ☒ 5-point ☐ 3-point ☐ Unknown			Restraint Used ☐ None ☐ 4-point ☐ Lap only ☒ 5-point ☐ 3-point ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military																																																																																																				
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☒ Unknown ☐ Special Issuance ☐ N/A			Date of Last Medical <u>11/05/2013</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12/17/2013</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Airbus</u> Model: <u>A330</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
Type Ratings <u>A-330, B-707, B-720, B-757, B-767, B-777, DC-9</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td style="text-align: center;">9,785</td> <td style="text-align: center;">2,185</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td style="text-align: center;">164</td> <td style="text-align: center;">163</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	9,785	2,185									Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days	164	163									Last 30 Days											Last 24 Hours	0	0								
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)						
Pilot Name and Address First Name: <u>Scot</u> City: <u>Woodinville</u> Middle Initial: _____ State: <u>WA</u> ZIP: <u>98072</u> Last Name: <u>Paulson</u> Country: <u>U.S.A.</u>				Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military				Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☒ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☒ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: <u>12,063</u> hrs				
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military				Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military				Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ 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 First Name: <u>Deborah</u> City: <u>Olympia</u> Middle Initial: <u>A</u> State: <u>WA</u> ZIP: <u>98507</u> Last Name: <u>Ruehl</u> Country: <u>U.S.A.</u> ☒ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	Injury ☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Restraint Type ☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☒ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Stanley</u> City: <u>Renton</u> Middle Initial: <u>R</u> State: <u>WA</u> ZIP: <u>98055</u> Last Name: <u>Winston</u> Country: <u>U.S.A.</u> ☒ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Susan</u> City: <u>Kirkland</u> Middle Initial: <u>H</u> State: <u>WA</u> ZIP: <u>98033</u> Last Name: <u>Thornes</u> Country: <u>U.S.A.</u> ☒ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Christine</u> City: <u>Seattle</u> Middle Initial: <u>L</u> State: <u>WA</u> ZIP: <u>98101</u> Last Name: <u>Keil</u> Country: <u>U.S.A.</u> ☒ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Warren</u> City: <u>Covington</u> Middle Initial: <u>J</u> State: <u>WA</u> ZIP: <u>98042</u> Last Name: <u>Averett</u> Country: <u>U.S.A.</u> ☒ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Kimberly</u> City: <u>Portland</u> Middle Initial: <u>A</u> State: <u>OR</u> ZIP: <u>97219</u> Last Name: <u>Beveridge</u> Country: <u>U.S.A.</u> ☒ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☒ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	☐ None ☐ Lap Belt ☐ Shoulder Harness ☐ Inflatable ☒ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION							
Last Departure Point Airport ID: <u>KSEA</u> City: <u>Seattle</u> State: <u>WA</u> Country: <u>U.S.A.</u>		Time of Departure Time: <u>15:27</u> Time Zone: <u>PDT</u>		Destination Airport ID: <u>RJAA</u> City: <u>Narita</u> State: _____ Country: <u>Japan</u>		Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☒ Yes ☐ No	
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 ☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Class D ☐ Warning Area ☐ Airport Advisory Area ☐ Special ☐ Air Traffic Control Area ☒ Unknown							
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE							
Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees				
Basic Conditions ☐ VMC ☐ IMC		Light Condition ☐ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB			
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown Lowest Cloud Condition Height _____ ft AGL		Ceiling ☐ None (clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft AGL					
Wind Direction ☐ Variable ☐ Indicated: _____ degrees		Wind Speed ☐ Calm ☐ Light and Variable -or- Velocity: _____ KTS		Wind Gusts ☐ Not Gusting ☐ Gusting Velocity: _____ KTS			
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A		Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☐ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown			
Icing Forecast Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Icing Actual Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed		Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity ☐ Light ☐ Moderate ☐ Moderate Chop ☐ Severe ☐ Extreme			
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☒ None ☐ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Phase of Operation

- ☐ Standing ☐ Takeoff (incl. initial climb) ☒ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Altitude of In-Flight Occurrence

_____ ft MSL

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

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.

See attached.

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

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles
On Part**

_____ Hours
_____ Cycles

**Time Since This Part
Inspected/Overhauled**

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

21,904 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

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION *(Please type or print in ink)*

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

Additional cabin crew:

Diane L Kennish

Seatack, WA 98188 U.S.A.

No injury

Yurie Saito

Monroe, WA 98272 U.S.A.

No injury

Naoko Kato

Atlanta, GA 30328 U.S.A.

No Injury

Yuko Kagei

Woodinville, WA, 98077

No Injury

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**

04/03/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Joshua A. Migdal**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**
DCA14CA083**Reviewed by NTSB Regional Office**
AS-10**Name of Investigator**
LeBaron**Date Report Received**
04/07/2014



Internal Memorandum

Date: 3/28/2014

To: Captain Phil Davis, Regional Director – SEA

From: Captain Suzanne Skeeters

Subject: II14-050 NTSB-F/A Injury: F155 17-MAR-14 SEA-NRT A-330-323 N803NW (3303)
CAP: SKEETERS, S.L., FO1: CRAGUN, M.R., FO2: PAULSON, S.K.

This statement is provided at the request of the Chief Pilot's Office.

Delta Flight 155 on March 17, 2014 from Seattle, WA to Tokyo-Narita, Japan

Approximately 4 hours after departure and after the cabin crew had completed their first meal service, Flight Attendant Deborah Ruehl, who was working position at Door 2R, was walking down the left aisle in the main cabin and tripped over passenger Stephen Duhrkoop's leg, which he had extended into the aisle.

Mr. Duhrkoop was seated in 14B. Deborah fell down into the aisle. I was just beginning my rest break and was standing in the mid-galley when I heard the commotion and another flight attendant rushing to her aid. I also went to assist. Purser Christine Keil was notified and came to Deborah's aid. We assisted Deborah into the galley area and had her sit down. Another passenger sitting in 14B, Michael Spencer, identified himself as an EMT and assessed Deborah's injury to her foot. She was in a lot of pain when she put any weight on the foot. An ice pack was applied to her foot and she took some ibuprophen for the pain and swelling, and remained with her foot elevated.

Dispatch was notified and we requested that she was met with a wheelchair on arrival in NRT, as she was not able to walk off the airplane. Deborah was also met by an In-flight manager in Narita. She was taken to a hospital, accompanied by F.A. Stanley Winston.

She was not given help at the hospital due to a greater medical event at the hospital, so they returned to the hotel. She was not able to walk on her foot the following day and was deadheaded back to SEA.

Passenger involved information:
Stephen Duhrkoop (Seat 14B)

[REDACTED]

Passenger/EMT who assisted:
Michael Spencer (Seat 14A)

[REDACTED]

I acknowledge the release of this statement to Delta Flight Safety and the NTSB.

Regards,

Captain Suzanne Skeeters
Employee [REDACTED]
(Signature on file)



Internal Memorandum

Date: 3/24/2014

To: Captain Davis, Regional Director – SEA

From: F/O Michael R. Cragun

Subject: II14-050 NTSB-F/A Injury: F155 17-MAR-14 SEA-NRT A-330-323 N803NW (3303)
CAP: SKEETERS, S.L., FO1: CRAGUN, M.R., FO2: PAULSON, S.K.

This statement is provided at the request of the Chief Pilot's Office.

During flight 155 from Seattle to Narita, I was serving as Pilot Flying in the left seat. The Captain was on break. The flight was operating in the cruise phase in smooth air.

Approximately 4 hours in to the flight, the flight deck received a call from the Flight Leader informing us a flight attendant tripped over the leg of a passenger in the coach cabin resulting in a foot injury to the flight attendant.

Dispatch was notified and NRT IFS was requested to meet the flight upon arrival. This is the extent of my knowledge as it relates to this event.

I acknowledge the release of this statement to Delta Flight Safety and the NTSB.

Regards,

F/O Michael R. Cragun
Employee [REDACTED]
(Signature on file)



Internal Memorandum

Date: 3/31/2014

To: Captain Phil Davis, Regional Director – SEA

From: First Officer Scot Paulson

Subject: II14-050 NTSB-F/A Injury: F155 17-MAR-14 SEA-NRT A-330-323 N803NW (3303)
CAP: SKEETERS, S.L., FO1: CRAGUN, M.R., FO2: PAULSON, S.K.

This statement is provided at the request of the Chief Pilots Office.

I was the F/O on this flight and was in the flight deck performing duties as the PNF and was not directly involved in the incident.

During cruise we received a call from the cabin informing us that a Flight Attendant had injured here foot after tripping over a passenger's foot.

Dispatch was notified and assistance was requested upon arrival at gate in NRT.

I acknowledge the release of this statement to Delta Flight Safety and the NTSB

Regards,

F/O Scot Paulson
Employee [REDACTED]
(Signature on file)



Flight Attendant Statements

Flight 155 (SEA-NRT); A330-300 (N803NW); 03/17/2014

Christine Keil
Purser/Flight Leader

Passenger in 14B had his foot in the aisle and Deborah Ruel(F/A) tripped over his foot and fell on the floor.

Susan Thornes

I became aware of the accident immediately after it occurred as Debbie was assisted to door 2L and was then attended to by an EMT who was seated in the near vicinity of the fall. (I was told that she had tripped when a passenger put his foot into the aisle as she was passing his seat). The Captain was also attending to Deb and obtaining as much info as she could to determine her course of action (she was on her crew break at the time). Christine, the purser, was also helping out. Deb took an anti-inflammatory and was using an ice pack that Christine provided for her. Deb had pain in both her foot and knee and could not put any weight on her foot. She sat at the jumpseat at door 2R with her leg elevated for a while and then we used the on board wheel chair to transport her to the aft of the aircraft where there were 3 empty seats, enough room for her to elevate her leg for the rest of the flight. A wheelchair was ordered in NRT as well as taxi service to a medical facility. FA Stanley Winston accompanied Debbie to the medical facility.

Naoko Kato

I heard some passengers screaming "Help her! Help her!" when we were about to start a drink service on the way to Narita on March 17th.

Stanley ran to help Debbie who was laying on the floor in the other aisle (it happened on the airplane left) and help her to get up.

She was hopping with one leg with Stanley's help and came to door 2L jump seat to sit down.

She couldn't put any weight on the injured foot at all and she tried to raise and iced her leg the rest of the flight.

Debbie seemed to be in a lot of pain and we all felt sorry and tried to make her as comfortable as possible.

Eventually she came to the last row in the economy cabin and was able to sit there the rest of the flight

Diane Kennish

To Whom It May Concern,

The incident happened at the end of the 1st service. I was manning the back galley as the duty free sales service was just ending, 1st break had already started so we were at minimum crew. Deb had just left the back galley to be in position coverage at door 2 for the break time period. In the process of her leaving the back galley, a call light rang so she was headed up the aisle towards that anyway so she was going to answer it. I went back into the aft galley to do a few things. I called to door 2 to touch basis when we would do our next water walk. That's when I found out that Deb had fallen and hurt herself. I was not involved in helping her nor did I witness the accident. That is the extent of my involvement of the incident.

Respectfully Submitted,

Diane Kennish

Stanley Winston
Flight 155 / SEA – NRT / Mar 17th

I was doing Duty Free and we were just about finished on aircraft right. We were processing some orders. I was half in the middle of getting a product out of the other cart and coming back to the selling cart when the passengers yelled (what I thought) "man down" and pointed to the other side of the aircraft. I immediately ran over to the other side as I told Christine (the Purser) and the Captain we have a man down to see what is going on. When I got over there Debbie Ruehl was just getting up. I asked if she was ok. She said she was until she tried to put weight on her left leg/foot. That is when the pain started. She had tripped over passenger seated in either 14 or 15 B on her way to answer a call light. There was a paramedic sitting 2 rows back that helped out immediately.

We helped her get to the 2L jump seat to see what is going on with her foot. He did some test to see if he can see what was wrong. No pain... Then he had her stand on it and she couldn't. She took some pain medication, iced it down, and elevated it for the rest of the flight and sat in the pilot crew rest for landing. I sat and covered 2R for landing to make sure her door was covered.

I advised her that when we get there I will go with her so she will not have to go through this alone. When we got to Tokyo we went to the first hospital Delta had set up for us to go to. They were closed and the specialist and doctors had already gone home for the evening. So we now went to the Red Cross Hospital which is open all night. So to speak. They are open from 8:30a – 5p and limited staffing through out the evening. When we got there we were waiting to be seen. An extreme emergency case came in. The manager translated for us letting us know that they are going to have to do emergency surgery on this person and it is going to take about 6 to 7 hours and she will not be able to be seen until 3a or 4a in the morning.

After calling Delta back and making some decisions it was decided to go back to the hotel and making a decision on what to do in the morning. This was after a 3 hour process and trying to get her to see a doctor at 2 different hospitals.

Yurie Saito

When I came to the door 2R to start a mid flight service, I saw Ms. Deborah was in 2R jump seat with her leg was on carriers.

She told me that she tripped over a passenger's feet and fell down. She looked like she was in a lot of pain.

As soon as we landed at Narita, Mr. Stanley took her to an emergency, but they were not able to treat her.

She had to use a wheelchair throughout this trip after she was injured.

Yuko Kagei

I was on break so I did not actually witness Susan falling, but the event of that day is as follows:

When I returned from the break, Susan was resting on 2 R jump seat with her left leg raised on pillow and had ice packs. I asked her what happened and she explained that she tripped over a passenger's foot and had fallen flat on her face. She explained that she had pain in her left foot and was not able to walk down to crew bunk. So we prepared an isle chair to move her to the last row of economy cabin, which was unoccupied. I brought her blanket, pillow and ice pack. Susan stayed there until the end of the flight.

Meanwhile the purser obtained passenger information and asked the pilot to arrange ground agent in Narita to meet her upon arrival.

When we landed, we were met by the ground personnel who transferred Susan from the aisle chair to a wheel chair for a transport to a local hospital. Stanley accompanied Susan for moral support.

Next morning when I met Susan at the hotel, she told me that she did not see a doctor because the wait at the emergency room was too long. On the return trip, Susan dead headed in 8A. Upon arrival at SEATAC, Susan was met by para-medic, red jacket and her supervisor.

Kimberly Beveridge

In regards to flight 155, I was on crew rest and did not witness the events.

Warren Averett

I did not see her fall. I was in the back at door 4 galley. Some one said the somebody fell. When i walked up front i saw her sitting at door 2 left with a ice pack on her foot talking with a paramedic.