

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. 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, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

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 of paper.

Nearest City/Place: Use the name of the nearest community 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 the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum 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.

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

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

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 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that 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 cowlings, 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.

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.

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 14 CFR Part 91 at the time of the accident.

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

Public Aircraft: 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. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

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--These flights include 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.

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.

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

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.

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.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

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.

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

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, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

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

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.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident 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/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" 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 Crewmembers: Complete this section if there were more than two required flight crewmembers 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: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

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 NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Decatur State: TX

ZIP: 76234 Country: United States of America

Latitude: 33° 20' 29" Longitude: 97° 32' 52"

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/10/2018 Local Time: 15:40
mm/dd/yyyy

Time Zone: CDT

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

AIRCRAFT INFORMATION

Registration Number: N750AN

Manufacturer: Boeing

Model: 777-223

Serial Number: 30259

Year of Manufacture: 2001

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 648,000 lbs

Weight at Time of Accident/Incident: 445,465 lbs

Number of Seats: 289 Flight Crew Seats: 4

Cabin Crew Seats: 12 Passenger Seats: 273

Number of Engines: 2

Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

- ☐ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☒ Transport
- ☐ Utility

Special

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

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

- ☒ Tricycle ☐ Tailwheel
- ☐ Amphibian ☐ High Skid
- ☐ Emergency Float ☐ Skid
- ☐ Float ☐ Ski
- ☐ Hull ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None ☐ Unknown

Engine Type (Select one)

- ☐ Reciprocating ☐ Liquid Rocket
- ☐ Turbo Shaft ☐ Solid Rocket
- ☐ Turbo Prop ☐ Hybrid Rocket
- ☐ Turbo Jet ☐ None
- ☒ Turbo Fan ☐ Unknown
- ☐ Electric

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	<u>Rolls-Royce</u>	<u>Trent 892</u>	<u>51212</u>	<u>12/9/1999</u>	<u>90,000</u>	<u>67,099</u>		<u>2670</u>
Eng. 2	<u>Rolls-Royce</u>	<u>Trent 892</u>	<u>51248</u>	<u>9/12/2000</u>	<u>90,000</u>	<u>65,402</u>		<u>16401</u>
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 6/10/2018
mm/dd/yyyy

Airframe Total Time: 69,852 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

- ☐ None
- ☒ Specify: Halon System for Engines and Cargo Comp/ Portable Cabin

Propeller 1

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: DME Corporation

Model or Part No.: P3-03-0041-001

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☒ Unknown

Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☒ Angle of Attack Indicator
- ☒ Autopilot
- ☒ Data Recorder
- ☒ Electronic Flight Bag or Handheld Device
- ☒ Electronic Multifunction Display
- ☒ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☒ Onboard Weather
- ☐ Satellite Tracking Device
- ☒ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: American Airlines, Inc.City: Fort WorthFractional Ownership Aircraft: ☐ Yes ☒ NoState: TX ZIP: 76155Country: United States of America**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
☒ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☒ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

- ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☒ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☒ International

- ☒ Passenger
☐ Cargo
☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☐ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: _____ ft. msl

Runway Information

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

Runway/Landing Surface (Check all that apply)

- ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

- ☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach (Check all that apply)

- ☐ None
☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☐ Yes ☒ No

"Flight Crewmember 1" Identification

First Name: Thomas

City of Residence:

Middle Initial: W

State: ZIP:

Last Name: Westbrook

Country: United States of America

Age at time of Accident/Incident: 59 Date of Birth: mm/dd/yyyy

Certificate Number:

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☒ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Restraint Type

Available

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☒ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Flight Instructor
 ☒ Commercial
 ☐ US Military
☐ Private
 ☐ Recreational
 ☒ Airline Transport
 ☐ Foreign
☐ Student
 ☐ Sport
 ☒ Flight Engineer

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
 ☐ Unknown
☐ With limitations/waivers
 ☐ N/A
☐ Special Issuance

Date of Last Medical

12/18/2017
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

11/20/2017
 mm/dd/yyyy

Flight Review Aircraft

Make: Boeing

Model: 777

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
☐ 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
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

Boeing 727/757/767/777
Fokker 100

Student Endorsements (Include dates)

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	10,644	483								
Pilot in Command (PIC)	8,432									
Time as Instructor										
This Make/Model										
Last 90 Days	150									
Last 30 Days	69									
Last 24 Hours	11	11								

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: William

City of Residence: [REDACTED]

Middle Initial: W

State: [REDACTED] ZIP: [REDACTED]

Last Name: Bennett

Country: United States of America

Age at time of Accident/Incident: 62 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☒ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☒ 5-point	☐ 5-point	☐ Unknown	☒ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☐ 3-point	☐ 3-point																
☐ 4-point	☐ 4-point																
☒ 5-point	☐ 5-point																
☐ Unknown	☒ Unknown																
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance															
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Date of Last Medical <u>01/12/2018</u> mm/dd/yyyy														

Medical Certificate Limitations

Must Wear Corrective Lenses

Medical Certificate Special Issuance

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 09/24/2017
mm/dd/yyyy

Flight Review Aircraft

Make: Boeing
 Model: 777

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 ☐ 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
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Type Ratings

Boeing 777
Fokker 100
Lockheed L-188
McDonnell Douglas MD-11

Student Endorsements (Include dates)

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	10,433	4,521								
Pilot in Command (PIC)	815									
Time as Instructor										
This Make/Model										
Last 90 Days	149									
Last 30 Days	49									
Last 24 Hours	11	11								

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: <u>David</u> City of Residence: <u>[REDACTED]</u> Middle Initial: <u>H</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Gill</u> Country: <u>United States of America</u>					☐ Left ☐ Front ☒ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer					Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☒ 5-point ☐ 5-point ☐ Unknown ☒ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☒ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: <u>3,854</u> hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: <u>James</u> City of Residence: <u>[REDACTED]</u> Middle Initial: <u>D</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Winberg</u> Country: <u>United States of America</u>					☐ Left ☐ Front ☒ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer					Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☒ 5-point ☐ 5-point ☐ Unknown ☒ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☒ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: <u>12,467</u> hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>Unknown</u> City: <u>Unknown</u> Middle Initial: <u>Unknown</u> State: <u>UNK</u> ZIP: <u>Unknown</u> Last Name: <u>Unknown</u> Country: <u>Unknown</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u>38</u>	☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: <u>Dwight</u> City: <u>[REDACTED]</u> Middle Initial: <u>[REDACTED]</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Ragsdale</u> Country: <u>United States</u> ☒ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u>FA2</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: <u>Mary</u> City: <u>[REDACTED]</u> Middle Initial: <u>F</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Brainerd</u> Country: <u>United States</u> ☒ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u>FA3</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: <u>Kathleen</u> City: <u>[REDACTED]</u> Middle Initial: <u>[REDACTED]</u> State: <u>[REDACTED]</u> ZIP: <u>[REDACTED]</u> Last Name: <u>Raices</u> Country: <u>United States</u> ☒ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: <u>FA5</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☒ 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: NRT/RJAA
 City: Narita
 State: Kantō
 Country: Japan

Time of Departure

Time: 1901
 Time Zone: JST

Destination

Airport ID: DFW/KDFW
 City: DFW Airport
 State: TX
 Country: United States of America

Type Flight Plan Filed

☐ None ☐ VFR/IFR
☐ Company VFR ☒ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☒ Yes ☐ No ☐ Unknown

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 G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☒ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence:

9,000 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☒ On-Board Weather

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

☐ VMC
☐ IMC
☒ Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☒ Unknown
☐ Scattered

Lowest Cloud Condition Height

_____ ft agl

Ceiling

☐ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☒ Unknown

Ceiling Height

_____ ft agl

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
 or _____ MB

Wind Direction

☐ Variable

-or-
 Direction: _____ degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
 Speed: _____ kts

Wind Gusts

☐ Not Gusting

-or-
 Speed: _____ kts

Visibility

_____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

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 ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount Type
☒ None ☒ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount Type
☒ None ☒ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

Type (Check all that apply) Severity
☐ None ☐ Light
☒ Clear Air ☒ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective Turbulence ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

None

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

- ☒ None ☐ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Event Description:

AA Flight #60 operating on 10JUN18 from NRT to DFW experienced moderate turbulence at 9,000 feet during approach to DFW. The pilot had warned of potential turbulence, the "prepare for landing" instruction had played and the seatbelt sign had been lit before it occurred. Seven flight attendants who were performing their duties reported minor injuries, however none of the flight attendants requested medical attention upon landing in DFW. One passenger who was in the aisle at the time was transported to the hospital and diagnosed with a broken ankle. No additional passenger or crew member injuries were reported. Maintenance performed a post-turbulence inspection, no damage was noted and the aircraft was released back into service.

CA Statement:

Flight was descending via the VKTRY 2 RNAV arrival into DFW with instructions from ATC to maintain 310 knots indicated or greater in the descent. FO Bennett was the pilot flying and I was the pilot monitoring. I had given a PA at the top of descent (above FL 300 – some 15 minutes earlier) reminding passengers that the seatbelt sign was on and that they were to "return to your seats and buckle up for the remainder of the flight." I had given the FA's a "prepare for landing and take your seats PA" passing approximately 15,000 when I first realized that a band of cumulus clouds would be a factor in our descent. 2 minutes after giving the "prepare for landing" PA, just prior to VKTRY, passing approx. 12-13,000, we encountered a band of small cumulus clouds with no apparent build ups. We had just been given relief from the higher descent speed only seconds earlier and FO Bennett had the speed brakes out fully and engines were at idle thrust. Upon entering the clouds, we experienced 10-15 seconds of very sudden onset moderate turbulence – the small cumulus cloud we encountered was far more energetic than its appearance indicated. Immediately after the turbulence ended, the #1 FA called to inform us that multiple Flight Attendants (who were in the aisle performing their required safety checks as part of the preparation for landing) had been injured and that at least one passenger was reporting an ankle injury as well. As FO Bennett and I focused on the approach and landing, FB Gill and FC Winberg coordinated with the #1 and with operations to notify paramedics who were at the jet bridge when we pulled in to park.

FO Statement:

I was the pilot flying and was descending via the VKTRY2 RNAV arrival into DFW with instructions from ATC to maintain 310 knots indicated or greater in the descent. The seatbelt sign was on, and landing PA was completed. Because of small cumulus clouds ahead, we were given relief from the higher descent speed, so the speedbrakes were fully deployed and the engines were at idle thrust. Upon entering the clouds, we experienced a very sudden onset of moderate turbulence. Immediately after the turbulence ended, we were told that multiple Flight Attendants and one passenger had been injured. Normal approach and landing accomplished. Paramedics were requested to meet the flight.

FB Statement:

Flight was descending via the VKTRY 2 RNAV arrival into DFW with instructions from ATC to maintain 310 knots indicated or greater in the descent. FO Bennett was the pilot flying and Captain Westbrook was the pilot monitoring. The Captain had turned on the seatbelt sign and given the landing PA. Just prior to VKTRY, passing approximately 12,000-13,000 feet, we encountered a band of small cumulus clouds (tops appeared to be approximately 15,000 feet). We had just been given relief from the higher descent speed only seconds earlier and the First Officer had the speed brakes fully deployed and the engines were at idle thrust. Upon entering the clouds, we experienced about 10 seconds of a very sudden onset of moderate turbulence. The small cumulus cloud we encountered was far more energetic than its appearance indicated. Immediately after the turbulence ended, the #1 FA called to inform us that multiple Flight Attendants (who were in the aisle performing their required safety checks as part of the preparation for landing) had been injured and that at least one passenger was reporting an ankle injury as well. Normal approach and landing accomplished. Paramedics were requested to meet the flight.

FC Statement:

I was flying as the FC on AAL 60, 10Jun 2018. I was in my crew seat monitoring ATC communications. Due to my seat's location I had

Narrative History of Flight (Continued):

FC Statement (Continued):

limited forward visibility. Descending into DFW on the VKTRY 2 RNAV, we encountered 10-15 seconds of moderate turbulence. Seat belt sign on, FAs performing before landing checks. After incident advised of multiple FA injuries and one passenger injury. EMTs requested and responded to arrival gate.

FA1 Statement:

At approx. 1535 CA made PA asking FAs to finish cabin duties early as there might be bumps on descent. I played the Prepare for Landing Video-PA twice. At 12,000 feet altitude and at approximately 1542 we encountered severe clear air turbulence. I was thrown against a bulkhead and then pushed down to the floor by pressure. I looked down aisle to see my coworkers on the floor, in twisted postures and making their way toward jumpseats. I tried to rise but could not. The pressure (G forces) were too much. Soon, I made a PA telling my coworkers to get safe and stay down as this could last for several minutes. I called aft of AC to ascertain number of injured crew. I was told of several crew and one passenger who had broken his ankle (he told FA he heard a snap when he landed on the floor). I do not know why he was not seated. We crew had secured all galleys and were performing final safety checks and enroute to our jumpseats. After landing and turning off runway I went to all FAs on board to gauge extent of injury. I saw a passenger lying on floor and FA applying bagged wet ice to his ankle. I went to my jumpseat and informed pilots of what I had seen of crew and the passenger. Many paramedics and police met flight.

FA2 Statement:

We were preparing for landing. The seatbelt sign was on and I told the passenger to please sit down and fasten his seatbelt. As he walked past me, we incurred turbulence. The passenger fell and appeared to have broken his left ankle.

FA3 Statement:

We were approximately 15 min from touchdown and the Prepare for landing PA went off. Flight attendants scattered from the galley to prep the cabin, getting gloves and trash bags. Turbulence, I was at 4R door. I went down low when it hit then grabbed counter and handhold next to video machine/galley cart housing. I looked into the main galley and saw FA #6 land on her rear, roll onto her back and eventually hit her head and shoulders up against the cart door housings. I advised her to stay down and ran over to shut two other cart doors so those carts did not come rolling out at her. A passenger was down at 4L and I was now telling him to "stay down, stay down." We checked on him and he was just yelling OW OW. We asked what hurt and he was reaching for his left foot. FA #6 and I made an ice bag and put it on his ankle. The turbulence continued. I stayed on the floor with the passenger, holding onto his shoulder. I had the passenger hold on to the jumpseat seatbelt. FA #2 came back and I told him to stay in the last passenger seat as the passenger's head was beneath FA #2's jump seat. We tried to get the passenger to sit up so we could move him but he was in too much pain, still yelling OW. I looked up the left aisle and saw FA #8 on the floor between seats. I sent FA #10 to sit with the injured passenger's wife at about row 38, and help with the twin toddlers as we were still in turbulence and one was screaming. When FA #8 came back, I told her to sit in my jumpseat and strap in. When the paramedics came on, one tried to remove the passenger's tennis shoe. He screamed in pain. She stated she would have to administer pain meds to get the shoe off. She asked for an aisle chair so I retrieved ours. Again the passenger tried to sit up and was unable to. The paramedics brought their own aisle chair and they picked him up and placed him in the chair. I then went to the passenger's wife to help distract the children and help with luggage. They exited with the paramedics. At that point I said thank you to the passengers and returned to the galley as they exited the plane.

FA4 Statement:

Pilots made PA stating there was chance of turbulence and for Flight Attendants to prepare cabin early (20 minutes prior to landing, approx. 12,000 to 14,000 feet). The seatbelt sign was illuminated, and the purser made an announcement for everyone to be seated per captains warning of turbulence and the prepare for landing video PA

Narrative History of Flight (Continued):

FA4 Statement (Continued):

was given. The cabin/galleys were pretty much already prepared for landing, so we advised those still standing passengers to take their seats, handed out two coats and did compliance checks. As I finished aft-forward and was standing between the FWD credenza and wall, in aisle just aft of 1R, we encountered severe, sudden turbulence. We were tossed to the ground; my reflex was to slam my right hand against the side of credenza, to push my body against the wall, to brace myself and keep from being tossed around. When I slammed my back against the wall, I hit the back of my head against the wall, hyper-flexed my wrist against credenza, and bruised my left butt cheek on floor. Another flight attendant was directly forward of me and hit the wall and landed in a very unnatural position. FA #5 was three rows aft of me and hit the floor and sides of seat pods. All three of us stayed on the floor and held on to keep from being tossed about. When turbulence subsided after 2-3 minutes, we were able to take our jumpseats. The time between the captain's warning of possible turbulence and to begin preparing cabin for landing was roughly five minutes.

FA5 Statement:

Let me preface by stating that as of this reporting, I do not recall the exact terminology used by the CA. The following is my best recollection of events. Approximately 25 minutes prior to landing, CA made a PA saying that he wanted the FAs to be seated early as possible and something to the effect that turbulence or bumpiness may occur and prepare for landing. The seatbelt sign went on and we prepared for landing. PAs made. Approximately 15 or 20 minutes before landing, the airplane experienced severe turbulence, a quick abrupt jolt. As I was walking to my jumpseat and checking passengers for landing, I felt as though I was being pushed by a very heavy force downward. As I fell to the floor in the aisle, my right arm hit the armrest of seat 4L. I looked forward in the Business class cabin and noticed another FA on the floor and two others seated on floor. I very slowly and cautiously got up from the floor and had pain in my right hip and buttocks and very strong pain in my right arm/shoulder. I proceeded to 1R door area and checked on other FAs. Purser called all FAs to inquire as to injuries. He stated five FAs in aft of aircraft were thrown around and had flown up before falling to ground or into aircraft door/seats etc. Purser contacted Captain with information on crew and a passenger in the aft cabin that was also hurt. I was not involved in that passenger situation. Paramedics met the flight, tended to injured passengers involved, then crew members once passengers deplaned. CA waited and checked on every injured FA and showed true concern for all involved. He was a true professional throughout flight as well as during a passenger illness situation on board earlier in flight.

FA10 Statement:

Captain had made prepare for landing announcement. Prepare for landing video was playing on the screens. Flight Attendants were preparing the cabin for landing. At this point the aircraft was struck with very strong turbulence. While checking the passengers on my side of the airplane, I heard a passenger scream from the opposite aisle. A passenger had left his seat and was walking to the bathroom during the turbulence event. He was approximately four rows from his seat. When I arrived at the passengers location his head was in the aisle pointed towards the aft end of the aircraft. Another Flight Attendant took control of the passenger situation. The Flight Attendant instructed me to contact the passenger's family. The Flight Attendant then instructed me to sit in her jumpseat and watch the passenger's family. Aircraft soon landed and taxiing to the gate. Emergency medical personnel met flight and assisted this passenger.

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

(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)

30,870 Gallons**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☐ 100 Low Lead☒ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**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 locationStandard deplaning via jetbridge.**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.

****Continuation of FA names****

FA #6

Mary Durbala
[REDACTED]

*Minor Injuries - Evaluated by Paramedics - Not Transported to Hospital

FA#7

Sheron N. Rogers
[REDACTED]

*Minor Injuries - Evaluated by Paramedics - Not Transported to Hospital

FA#8

Stephen M. Watson
[REDACTED]

*Minor Injuries - Evaluated by Paramedics - Not Transported to Hospital

FA #9

Ken Funakoshi
[REDACTED]

*Minor Injuries - Evaluated by Paramedics - Not Transported to Hospital

FA1

Thomas H. Kenison
[REDACTED]

FA4

Garry R. Albrecht
[REDACTED]

FA10

Kiyomi Ide Golien
[REDACTED]

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

Date of this Report

7/12/2018

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or --

☐

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Ricardo L. Campos

Title: Senior Flight Safety Investigator, AA

Signature: _____

-- or --

☐

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received