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FRONTIER	Incident Investigation Report	Form Number: 31333 Effective Date: 07/19/18	
Complete this form and submit within 24 hours of an incident, along with any other forms required by the Employee Injury/Incident Checklist (form 30975). Ensure all fields are complete and correct before submitting form. Required fields are marked with a red asterisk.			
Section I: Originator			
Last Name	Sweetman	First Name	Pamela
Email	[REDACTED]	Phone	[REDACTED]
Date	3/2/2023		
Section II: Investigation			
Date of Incident	3/2/2023	Time of Incident (24-hour clock)	16 Hours 30 Minutes (1/4 hour)
Start of Investigation	3/2/2023	City Code	DFW
		Aircraft #	366
Section III: Persons Involved / Witnesses			
This form can be used to document three persons involved or witnesses. Use an additional Incident Investigation Report (form 31333) to document additional witnesses. Complete and submit a separate form 31333 for each person injured .			
Last Name	First Name	Employee ID #	Job Title
Hyer	Sandra	[REDACTED]	Flight Attendant
☒ Employee ☐ Partner (Code) Department Inflight Services Time in Position: 3 Years 7 Months			
☒ Injured Shift Start Time ** 1318 (24-hour clock, e.g., 0830, 2145)		Drug & Alcohol Screening Completed ☐ Yes ☒ No	
** For a double shift, enter start time of first shift		Hours on Duty 3	
Training Records Reviewed ☐ Yes ☒ No ☐ N/A		Applicable Training Current ☒ Yes ☐ No ☐ N/A	
Failed to follow documented Frontier Policies and Procedures ☐ Yes ☒ No		If yes, provide procedure and manual reference below	
Last Name	First Name	Employee ID #	Job Title
Roberston	Rachel	[REDACTED]	Flight Attendant
☒ Employee ☐ Partner (Code) Department Inflight Serv Time in Position: 3 Years 6 Months			
Shift Start Time ** 1318 (24-hour clock, e.g., 0830, 2145)		Drug & Alcohol Screening Completed ☐ Yes ☒ No	
** For a double shift, enter start time of first shift		Hours on Duty 3	
Training Records Reviewed ☐ Yes ☒ No ☐ N/A		Applicable Training Current ☒ Yes ☐ No ☐ N/A	
Failed to follow documented Frontier Policies and Procedures ☐ Yes ☒ No		If yes, provide procedure and manual reference	
Last Name	First Name	Employee ID #	Job Title
Malone	Shannon	[REDACTED]	Flight Attendant
☒ Employee ☐ Partner (Code) Department Other Time in Position: 4 Years 10 Months			
Shift Start Time ** 1318 (24-hour clock, e.g., 0830, 2145)		Drug & Alcohol Screening Completed ☐ Yes ☒ No	
** For a double shift, enter start time of first shift		Hours on Duty 3	
Training Records Reviewed ☐ Yes ☒ No ☐ N/A		Applicable Training Current ☒ Yes ☐ No ☐ N/A	
Failed to follow documented Frontier Policies and Procedures ☐ Yes ☒ No		If yes, provide procedure and manual reference	
☐ The persons involved or witnesses completed and submitted a separate Statement (form 30431).			
Section IV: Property Damage? ☐ Yes			
Insert item			

Section V: Injury? ☒ Yes

For more than one injury, complete and submit a separate Incident Investigation Report (form 31333) **for each person injured.**

Injury Type Fracture/Break



Injured Body Part Hips



Other (be specific):

Section VI: Details

Event Description:

Include details and resulting property damage

Pilot announced initial descent into DFW and FA-D Sandra Hyer stood up in the aft galley to grab a trash bag for clean up. Flight hit open air turbulence and Sandra went down hard on the galley floor onto her hip and hit her head on the door as well. Ambulance was called and met the plane at the gate. She was given morphine on the plane by EMS and could not exit through the FWD door because of the severity of the injury, taken through the AFT door. Sandra was transported to local Dallas hospital, Baylor Grapevine by ambulance. Initial doctor thinks she broke her hip and will need surgery. Surgery scheduled for 3/3/2023 and will be in the hospital for 3-4 days, as of now. Shannon Malone accompanied her to the hospital and Rachel Robertson was in the AFT galley with Sandra Hyer when the turbulence hit.

Contributing Factors (check all that apply):

Use the contributing factors to assist in determining the root causes for the incident.

- | | |
|--|---|
| ☐ Repetitive motion | ☐ Problem not corrected by supervisor or maintenance |
| ☐ Willful misconduct | ☐ Failure to notify supervisor or maintenance of issue |
| ☐ Failure to recognize hazard | ☐ Machine guarding, interlocks failed or removed |
| ☐ Lack of training or communication | ☐ Defective Tools |
| | ☐ Unauthorized individual performing/directing procedure |

Other (be specific):

NA

Identified root causes:

Clear air turbulence

Available tool: 5 Why - Root Cause Analysis Worksheet ([form 31341](#))

Recommended corrective actions:

What specific steps have been / will be taken to prevent similar events?

NA

Date when corrective actions will be completed:

Section VII: Documentation

Submit all photos, hand-written statements, and site diagrams within 24 hours of the incident by scanning and emailing to AircraftDamage@flyfrontier.com.

Photos/Video Sent

☐ Yes ☐ No ☒ N/A

Written Statements Sent

([form 30431](#))
☐ Yes ☐ No ☒ N/A

Site Diagram Sent

([form 30433](#))
☐ Yes ☐ No ☒ N/A

Aircraft Damage Expense Report

Aircraft Damage Detail Report

([form 31378](#))

☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
Verify all items on the Injury/Incident Checklist (form 31385) have been completed.	
Submit	

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