

Captain's Statement
UAL 2122 KEWR-MDPC
July 28th, 2023
Dept: KEWR 1102Z/0702L
Position: Pilot Flying

I was the captain and flying pilot on flight 2122 KEWR-MDPC on 7/28/23, B737-900ER. While at FL330 approximately 15 miles northwest of OXANA intersection we encountered unexpected severe turbulence, which resulted in two flight attendant injuries.

I reported to work well rested and fit for duty. During my preflight preparation I noted dispatcher remarks on the release that there was no significant weather or adverse rides expected, which I agreed with after referencing WSI radar and turbulence data. I also referenced the Skypath app which showed smooth rides along our route to Punta Cana. We had a destination alternate of TJBQ due to forecasted scattered showers with low ceilings in Punta Cana prior to our arrival. While waiting to board the aircraft, I briefed all four flight attendants that we were expecting smooth rides with occasional light chop at cruise altitude and referenced WSI and Skypath applications. I briefed them on the anticipated showers in Punta Cana and that I may ask them to be seated early during the descent due to potential turbulence associated with the forecasted showers in Punta Cana. I also briefed that I would use FOM standard turbulence communications over the PA should we encounter any unexpected adverse rides and explained what those communications would be. Prior to departure, the first officer and I discussed potential threats to include it being our first time flying together and operating in a complex airport like Newark. We briefed the expected rides and weather along our route and at the destination, along with fuel requirements.

Departure and climb were uneventful. At FL330 approaching OHPEA, we were given direct to ZZTOP intersection. Prior to going offshore and losing Wi-Fi, I downloaded the latest WSI radar image with radar summary and lightning data, as well as latest sky path ride reports. WSI showed some scattered very small cells on our path to ZZTOP intersection, with no tops reported. Skypath showed smooth rides. Both the first officer and I were using the airborne radar. With my tilt set to -1 degrees, radar showed small, scattered cells which exited the lower part of the beam at approximately 70 miles range as we approached ZZTOP. This agreed with WSI radar and radar summary information, which meant we would be well above any weather at FL330. I began to focus on ORCA ops with my first officer at this point as we were about to enter oceanic airspace. At FL330, we were in IMC in a stratified layer with occasional light turbulence with passengers seated and seat belt sign on. Approximately 15 miles northwest of OXANA in IMC, I was barely able to visually make out a buildup immediately ahead and to my lower left, which appeared as though it was below our altitude and could be easily avoided with a right turn. With nothing being "painted" on the radar, I made a right turn to avoid any potential turbulence associated with this build up. While in the turn we entered clear air, and I was able to visually make out a buildup directly ahead and continued the right turn in attempt to avoid it. There were only a few seconds between visually acquiring the cloud ahead and entering it. In the few seconds I had to observe the cloud, I noted it did not have characteristics

of a towering cumulus cloud and did not appear as though it would cause anything worse than light turbulence. Upon entering the cloud, we immediately encountered severe turbulence. We experienced an updraft which caused the aircraft to abruptly climb approximately 300ft. Walking about the cabin or continuing in-flight service would have been impossible. I immediately made a PA "be seated immediately, be seated immediately". We clipped the right edge of the embedded buildup and in my estimation the encounter lasted approximately 5 seconds.

Once in smooth air, I made a PA "flight attendants check in". At this time, I was informed that both aft flight attendants had been injured. A call was made to any onboard medical professionals to assist, and two doctors agreed to assist in caring for our injured flight attendants. After a short period of time, I was informed that the assisting doctors believed one flight attendant had fractured her pelvis and the other flight attendant had injured her ankle. Per the FOM, I had dispatch open a phone patch with MEDLINK. MEDLINK advised a divert was necessary, and dispatch and I agreed to divert to KMYR. At this point I began losing VHF reception with dispatch and MEDLINK. I requested dispatch forward any MEDLINK recommendations in an ACARS message and I would pass it to the assisting doctors. We coordinated a divert with NY AIRINC on HF and were cleared direct to KMYR. A medical emergency was declared, and paramedics were requested to meet the aircraft at the gate in KMYR. During the remaining 40 minutes enroute to KMYR, my first officer and I referenced all available information regarding medical emergencies and diversions in the FOM to ensure we had completed all necessary steps. Since both forward flight attendants were uninjured, one was moved aft and our flight attendant who sustained an ankle injury was moved forward in order to have all exits covered. After landing and parking at the gate, all passengers were instructed to remain seated until our injured flight attendants could be attended to by paramedics. Once our injured flight attendants had been attended to and deplaned, passengers were deplaned.

First Officer's Statement

UAL 2122 EWR-PUJ

July 28, 2023

Dept: EWR 1102Z/0702L

Position: Pilot Monitoring

I was the First Officer on United 2122 on July 28th, 2023, from EWR to PUJ and was acting as the Pilot-Monitoring on this leg of the flight.

Prior to departure, the captain briefed the flight attendants, and then we both reviewed and briefed on potential threats affecting our flight, including the weather. We noted that while there was no significant weather along our route, we would be out of Internet coverage while over the ocean and would lack access to regular weather updates once we were over the Atlantic. This meant relying on our on-board radar as well as already downloaded weather on our WSI weather app. Upon departure, the flight was uneventful and as we got over the Atlantic, ATC cleared us direct to the ZZTOP intersection. We noticed scattered stratiform clouds with no vertical development or significant weather ahead of us, in accordance with what we had briefed on the ground.

As we leveled off at FL330, we had our radars turned on and tilted slightly downwards for maximum coverage of any potential weather. The radar did not show any thunderstorms or potential convective weather along our path. We entered intermittent IMC and experienced some intermittent light chop, upon which the captain turned on the seatbelt sign. About 10nm NW of OXANA intersection, we slowly emerged out of IMC and spotted a small buildup off to our left.

The captain switched to head in mode and began a turn to steer clear of could. As we turned, we re-entered IMC and began to encounter severe turbulence. We immediately got a firm updraft followed by an equally strong downdraft of approximately 200-400 rpm. I would estimate that it lasted five to ten seconds. During that short time, I found it nearly impossible to read the instruments in front of me and would say that anyone in the back if not seated with seat belts fasten would have been potentially thrown from their seats.

The captain immediately made a PA to the flight attendants asking them to be seated immediately. The turbulence was short-lived and lasted a few seconds. After we got out of it, we checked in with the flight attendants and were notified that two of them were injured. The first was described as "lightly injured" and the other "more serious". We were told the "more seriously" injured flight attendant was older, was having trouble getting up by herself, and was in pain. We proceeded to contact Medlink immediately while two passengers who were doctors examined the injured flight attendant. After describing the potential injuries to the Medlink physician, they recommended a medical diversion in order to provide prompt medical care to the injured flight attendant. Upon consulting with dispatch, we decided that MYR would be the quickest and most suitable diversionary airport.

We proceeded to follow diversionary procedures listed in the company's Diversion Guide, and requested medics meet us at the plane upon landing. The remainder of the flight was uneventful. As we approached, we noted that we would be landing about 600lbs heavier than the max structural landing weight. After landing, the paramedics were on standby and proceeded to provide medical care and

transported both injured Flight Attendants to the hospital. We made a maintenance note regarding the overweight landing and coordinated with dispatch and operations for the subsequent deplaning of the on-board passengers.