

Captain's Statement
UAL 2428 EWR-SFO
19 Sept 2024
Dept: EWR 1400Z/1000L
Position: Pilot Monitoring

I was the Captain of UA2428 on September 19, 2024, from EWR to SFO, acting as pilot monitoring. All phases of flight leading up to the Top of Descent (TOD) were normal. I had turned the seatbelt sign on approximately 5 minutes before our top of descent from FL380 as we briefly encountered light chop. The aircraft made the automated message: "Fasten your seatbelts" PA. The First Officer was flying the airplane with the autopilot engaged. As we descended between FL320 and FL310, we received a Traffic alert, followed by an immediate TCAS RA to climb. The startle factor in the RA was extremely high because of how fast it occurred once the initial "Traffic" alert announced. Before this, ATC had not advised us of any traffic in the area nor did any traffic on the TCAS indicate there would be any conflict. The weather at the time was VFR, although I never observed the conflicting traffic. The First Officer initiated the TCAS RA procedure by disconnecting the autopilot and autothrottles and began a climb per the guidance from the RA. After complying with the RA and clearing the conflict, I advised ATC of the RA. I immediately called back to the Purser and asked if everyone was OK. She informed me everything was fine, and everyone appeared to be OK. A few minutes later, I received a call from the aft galley flight attendant informing me that we had two potential injuries to passengers who were out of their seats during the descent. She advised me of a potential ankle injury with one passenger and a back injury to another. Since we were already descending into SFO with the airport in sight, I declared a Medical Emergency with ATC. I sent a message to Dispatch via ACARS of the RA, including the injuries that may have resulted and the passenger seat numbers. I then called SFO operations and advised them of the emergency and that we would need paramedics to meet us at the gate. There was not sufficient time to contact Medlink due to the proximity to the airfield and the increased workload of approach and arrival tasks.

We were vectored for a straight-in landing to Runway 28L into SFO. We had a normal approach, landing, and taxi to gate F21, where paramedics were waiting. They boarded the aircraft to attend to the injured passengers. The passenger with the ankle injury ambulated off the airplane unassisted, and the other was taken off in a wheelchair.

First Officer's Statement
UAL 2428 EWR-SFO
September 19, 2024
Dept: EWR 1356Z/0956L
Position: Pilot Flying

I was the First Officer on UA2428 on September 19, 2024, from EWR to SFO, acting as pilot flying. This was the only leg we flew that day, and all portions of the flight (preflight through cruise) were normal and uneventful. We briefed the arrival and approach at FL380, approximately 80 miles (10 minutes) from the planned top of the descent. As part of our threat forward brief, we discussed SFO specific items, including the possibility of being held high after the STAR or being turned too quickly after the STAR ended. After the brief, I called for the Captain to accomplish the descent checklist.

As we approached the top of descent, the Captain noted that ATC hadn't cleared us for lower, so in preparation for being high and needing to go down quicker, he prompted ATC for a lower altitude and turned the seat belt sign on. I do not remember how many times we asked for a lower altitude with ATC, but I believe the Captain asked a few times at FL380, and instead of getting a "Descend Via" clearance, we were cleared to descend to FL320. The descent was accomplished using VNAV. Once at FL320 we leveled off and again prompted ATC for a lower altitude, which resulted in us passing the new calculated top of descent. Eventually, ATC instructed us to descend to FL310. Since we were above the desired calculated FMC vertical path, I selected flight level change (FLCH) to increase our descent rate, to recapture the desired vertical path. Within seconds of selecting FLCH, we received a TA alert. I did not see an aircraft below us with visual scan. I glanced at the lower flight display, and observed a TCAS return approximately 1500' below us. I immediately decided to slow the descent rate by selecting vertical speed (V/S) on the MCP and further slowed the aircraft indicated speed by dialing back the V/S knob. At this point, we then received an aural RA alert, and the RPAA displayed. I immediately started the commanded maneuver by turning off the autopilot and autothrottles and then pitching the aircraft up to follow the RPAA instructions. After 10 to 15 seconds, the RA maneuver was completed, and we started the process of re-automating the airplane and informing ATC of the TCAS RA encounter and where they now wanted us. With the autopilot on, I took over the radio communications temporarily so the Captain could check in with the back.

The flight attendant reported to the Captain that we might have injuries. The Captain determined that he would declare an emergency. Simultaneously, ATC was trying to collect information about the RA from us. The Captain responded to ATC, declaring a medical emergency and asking for priority direct to SFO. Throughout the arrival and approach, the Captain did a great job updating the cabin situation while I was flying and informing me on the steps taken to collect information/coordinating with the flight attendant. He was also vigilant in ensuring we adhered to proper descent and approach planning so we would not get behind the aircraft due to the added distractions and stress.

We flew directly to SFO, receiving multiple descents and vectors, eventually establishing on the Runway ILS 28L approach. I commented to the Captain that I would leave the autopilot on until after we were established and fully configured to prevent undue distractions or errors. We performed a normal landing and taxied to the gate, then parked and performed all necessary checklists. The ambulance crew was already waiting when we arrived at the gate and boarded the aircraft to attend to the passengers. The passenger with the injured ankle walked off the plane under his own power, and I did not see or hear what had happened to the other passenger.