

EMERGENCY RESPONSE

INITIAL REPORT

Gather as much information as you can then proceed to the appropriate checklist for specific type of incident.

Incident Type:

Flight

Ground

Hazmat Spill

Security Threat

Date (Local): _____ Time (Local): _____ Report Taken By: _____

Are Company personnel involved? Yes No

What is the condition of the personnel? No Injuries Injured Deceased Missing Unknown

Are Passengers / Others involved? Yes No

What is their condition? No Injuries Injured Deceased Missing Unknown

Source for this report: _____ Name of (outside) reporter: _____

Reporter Contact Info: _____

Brief Description of Incident: _____

FLIGHT INCIDENT

Did Incident occur at an airport? Yes _____ No If NO, Name of Closest Town: _____ State: _____

Aircraft Type: _____ Tail No: _____

Condition of Aircraft: Minor Damage Major Damage Destroyed Unknown

If incident occurred **off airport** or was reported by Rescue Coordination Center, **GO TO PAGE 3** of this Form and begin contacting listed personnel.

If incident **resulted in Minor Damage with No Injury**, contact **ON-DUTY Flight Coordinator** with all known information.

GROUND INCIDENT

Location of incident: _____ Driver or Personnel Involved: _____

Vehicle or GSE Type: _____ Vehicle or GSE ID: _____

Condition of Vehicle: Minor Damage Major Damage Destroyed Other _____

If incident occurred **at KVNY** - contact **FBO General Manager** or **Line Service Supervisor on duty**

If incident **occurred away from base** or if any personnel have been injured, **GO TO PAGE 3** of this Form and begin contacting listed personnel (**Key Group 1**):

HAZMAT INCIDENT

Did Incident occur at KVNY? Yes No If NO, Name / Airport ID _____

What type of material was involved? JET AV-Gas Other _____ Quantity Spilled: _____

Source of spill: Aircraft GSE Has spill been contained? Yes No _____

If spill occurred **at KVNY** and **quantity spilled is under 5 gallons**, contain & cleanup. Properly dispose of cleanup materials.

If spill occurred **at KVNY** & **quantity spilled is over 5 gallons**, call 911 / Contact FBO General Manager or Director of Safety. **GO TO APPENDIX H** in ERP and begin contacting listed agencies.

If spill occurred **away from base**, and/or **quantity spilled is over 5 gallons**, contact DLA Director of Operations or Chief Pilot.

Security Threats Checklist

Recipient of Threat: _____ Date: _____ Time (From): _____ to: _____

Gender of Caller: _____ Telephone Number at which call is received: () _____

Exact Wording of the Threat: _____

BOMB THREAT QUESTIONS

- | | |
|---|---|
| <input type="checkbox"/> When is the bomb set to explode? _____ | <input type="checkbox"/> "Did YOU place the bomb?" _____ |
| <input type="checkbox"/> Where is the bomb? _____
_____ | <input type="checkbox"/> Why? _____
_____ |
| <input type="checkbox"/> What does it look like? _____
_____ | <input type="checkbox"/> What is your address? _____
_____ |
| <input type="checkbox"/> What kind of bomb is it? _____
_____ | |
| <input type="checkbox"/> What will trigger the bomb? _____
_____ | <input type="checkbox"/> What is your name? _____
_____ |

CALLER'S VOICE

- Did you recognize the caller's voice? Who do you think it was? _____
- | | | | |
|------------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Whispered | <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged | <input type="checkbox"/> Loud |

BACKGROUND SOUNDS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Music | <input type="checkbox"/> Machinery | <input type="checkbox"/> Local |
| <input type="checkbox"/> Television | <input type="checkbox"/> House Noises | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Clear | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Office Noises | <input type="checkbox"/> Static | |

LANGUAGE / SPEECH

- | | | | |
|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Articulate | <input type="checkbox"/> Reading Statement | <input type="checkbox"/> European Accent |
| <input type="checkbox"/> Precise | <input type="checkbox"/> Repeating | <input type="checkbox"/> Northern Accent | <input type="checkbox"/> Middle Eastern Accent |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Rational | <input type="checkbox"/> Southern Accent | <input type="checkbox"/> Asian Accent |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Irrational | <input type="checkbox"/> New England | <input type="checkbox"/> Other _____ |

DO NOT HANG UP THE CALL

Emergency Notification: EXECUTIVES - Key Group 1

President	Mark L. Schmaltz 11847 Poema Place Chatsworth, CA 91311 mark@DLjets.com	Work: (818) 988-0029 Cell: (818) 321-2533 Alt.: (818) 701-0762	Contacted	Available	ETA
Chief Pilot	Sean Archer 873 Fitzgerald Avenue Ventura, CA 93003 sean.a@DLjets.com	Work: (818) 988-0029 Cell: (615) 878-0252	Contacted	Available	ETA
Dir. Safety	Kurt Kohler 85 La Patera Drive Camarillo, CA 93010 kurt@DLjets.com	Work: (818) 988-0029 Cell: (805) 443-4580 Alt.: (805) 987-5542	Contacted	Available	ETA
DOM	Allan Athas 16461 Sherman Way #210 Van Nuys, CA 91406 allan.a@DLjets.com	Work: (818) 988-0029 Footb: (818) 618-0600	Contacted	Available	ETA
Flight Sales	Jon Schmaltz 10141 Crebs Avenue Northridge, CA 91324 jon@DLjets.com	Work: (818) 988-0029 Cell: (818) 285-9223 Footb: (747) 236-3356	Contacted	Available	ETA

Emergency Notification: GOVERNMENT - Key Group 2

NTSB Communication Center	(202) 314-6290	Contacted	Notes
FAA - Operations Officer Western Pacific Region Office 15000 Aviation Blvd. Lawndale, CA 90261	(310) 725-3300	Contacted	Notes
NTSB Western Pacific Regional Office 505 S. 336th Street, Suite 540 Federal Way, WA 98003 8:00 am to 4:30 pm (PT)	Phone: (253) 874-2880 FAX: (240) 752-6343	Contacted	Notes

Communicating With the Media

The following guidelines are to be used when any Dreamline Aviation, LLC personnel may be dealing with the media. The President of Dreamline Aviation will direct all actions as it relates to the release of information and interactions with the media based upon these guidelines.

(See Dreamline ERP, Section 3 for more information)

IMPORTANT!

No statements are to be made to the media by any Dreamline personnel beyond the one **outlined in red below** without the express authorization of the President of Dreamline Aviation.

AVOID MAKING ANY STATEMENT WITHOUT VERIFYING THE SOURCE AND ACCURACY OF ALL REPORTS.

In the event it is necessary to make a statement or respond to media inquiries before any details or facts are known, the following language should be used:

PRELIMINARY STATEMENT

We have received a report of an **(incident / accident)** involving a Dreamline Aviation aircraft. However, we have received no official communication to that effect at this time. We will continue to investigate these reports and will provide you with more information as soon as it becomes available.

FOLLOW-UP STATEMENT

For Accident Involving a Dreamline Aircraft, AFTER CONFIRMING THE ACCIDENT:

An aircraft operated by Dreamline Aviation LLC, en route from **(CITY)** to **(CITY)** with **###** passengers and **##** crew members on board, has been involved in an accident **(near / at) (CITY, AIRPORT, or OTHER LOCATION)**. This occurred at approximately **(TIME)** today. Additional information concerning the accident and the welfare of the passengers will be released as soon as information becomes available.

WHEN ADDITIONAL INFORMATION BECOMES AVAILABLE:

An aircraft operated by Dreamline Aviation LLC, en route from **(CITY)** to **(CITY)** with **###** passengers and **##** crew members on board, has been involved in an accident **(near/at) (CITY, AIRPORT, or OTHER LOCATION)**. The accident occurred at approximately **(TIME)** today **(AS THE AIRCRAFT WAS LANDING, SHORTLY AFTER TAKEOFF, ETC.)**. Information concerning injuries to passengers and crew members is preliminary at this time, but reports indicate that there were **(no injuries, no survivors, no fatalities, etc.)**. Damage to the aircraft is **(MINIMAL / EXTENSIVE)**.