 <p>National Transportation Safety Board <b>FACTUAL REPORT</b> AVIATION</p>	NTSB ID: DCA01MA065	Aircraft Registration Number: N591UA
	Occurrence Date: 09/11/2001	Most Critical Injury: Fatal
	Occurrence Type: Accident	Investigated By:

Location/Time

Nearest City/Place Shanksville	State PA	Zip Code	Local Time	Time Zone	
-----------------------------------	-------------	----------	------------	-----------	--

Airport Proximity:	Distance From Landing Facility:
--------------------	---------------------------------


Aircraft Information Summary


Aircraft Manufacturer Boeing	Model/Series 757	Type of Aircraft Airplane
---------------------------------	---------------------	------------------------------

Revenue Sightseeing Flight: No	Air Medical Transport Flight: No
--------------------------------	----------------------------------

Narrative

Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:  
 The terrorist attacks of September 11, 2001 are under the jurisdiction of the Federal Bureau of Investigation. The Safety Board provided requested technical assistance to the FBI, and any material generated by the NTSB is under the control of the FBI. The Safety Board does not plan to issue a report or open a public docket.

 <b>National Transportation Safety Board</b> <b>FACTUAL REPORT</b> <b>AVIATION</b>		NTSB ID: DCA01MA065				
		Occurrence Date: 09/11/2001				
		Occurrence Type: Accident				
<b>Landing Facility/Approach Information</b>						
Airport Name		Airport ID:	Airport Elevation Ft. MSL	Runway Used	Runway Length	Runway Width
Runway Surface Type:						
Runway Surface Condition:						
Approach/Arrival Flown:						
VFR Approach/Landing:						
<b>Aircraft Information</b>						
Aircraft Manufacturer Boeing		Model/Series 757		Serial Number 28142		
Airworthiness Certificate(s): Normal; Transport						
Landing Gear Type: Retractable - Tricycle						
Amateur Built Acft? No		Number of Seats:	Certified Max Gross Wt. 255000 LBS		Number of Engines:	
Engine Type:		Engine Manufacturer:		Model/Series:	Rated Power:	
- Aircraft Inspection Information						
Type of Last Inspection		Date of Last Inspection	Time Since Last Inspection Hours		Airframe Total Time Hours	
- Emergency Locator Transmitter (ELT) Information						
ELT Installed?/Type		ELT Operated?	ELT Aided in Locating Accident Site?			
<b>Owner/Operator Information</b>						
Registered Aircraft Owner		Street Address				
		City		State	Zip Code	
Operator of Aircraft United Airlines		Street Address				
		City		State	Zip Code	
Operator Does Business As:			Operator Designator Code: UA			
- Type of U.S. Certificate(s) Held:						
Air Carrier Operating Certificate(s): Flag Carrier/Domestic						
Operating Certificate:			Operator Certificate:			
Regulation Flight Conducted Under: Part 121: Air Carrier						
Type of Flight Operation Conducted: Scheduled; Domestic; Passenger Only						
FACTUAL REPORT - AVIATION						

 <p><b>National Transportation Safety Board</b> <b>FACTUAL REPORT</b> <b>AVIATION</b></p>	NTSB ID: DCA01MA065	
	Occurrence Date: 09/11/2001	
	Occurrence Type: Accident	

**First Pilot Information**

Name	City	State	Date of Birth	Age
On File	On File	On File		43

Sex: M	Seat Occupied: Left	Occupational Pilot? <input type="checkbox"/> Civilian Pilot <input type="checkbox"/>	Certificate Number:
--------	---------------------	--	---------------------

Certificate(s): **Airline Transport; Commercial**

Airplane Rating(s): **Multi-engine Land**

Rotorcraft/Glider/LTA:

Instrument Rating(s):

Instructor Rating(s):

Current Biennial Flight Review?

Medical Cert.:	Medical Cert. Status:	Date of Last Medical Exam:
----------------	-----------------------	----------------------------

- Flight Time Matrix	All A/C	This Make and Model	Airplane Single Engine	Airplane Multi-Engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot In Command(PIC)										
Instructor										
Instruction Received										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Seatbelt Used?	Shoulder Harness Used?	Toxicology Performed?	Second Pilot?
----------------	------------------------	-----------------------	---------------

**Flight Plan/Itinerary**

Type of Flight Plan Filed:


Departure Point	State	Airport Identifier	Departure Time	Time Zone
NEWARK	NJ	EWR		
Destination	State	Airport Identifier		
SAN FRANCISCO	CA	SFO		

Type of Clearance:

Type of Airspace:

**Weather Information**

Source of Wx Information:

 <p><b>National Transportation Safety Board</b> <b>FACTUAL REPORT</b> <b>AVIATION</b></p>	NTSB ID: DCA01MA065
	Occurrence Date: 09/11/2001
	Occurrence Type: Accident

**Weather Information**

WOF ID	Observation Time	Time Zone	WOF Elevation  Ft. MSL	WOF Distance From Accident Site  NM	Direction From Accident Site  Deg. Mag.
Sky/Lowest Cloud Condition:				Ft. AGL	Condition of Light:
Lowest Ceiling:			Ft. AGL	Visibility: SM	Altimeter: "Hg
Temperature: °C	Dew Point: °C	Weather Conditions at Accident Site:			
Wind Direction:	Wind Speed:	Wind Gusts:			
Visibility (RVR): Ft.	Visibility (RVV): SM				
Precip and/or Obscuration:					

**Accident Information**

Aircraft Damage: Destroyed	Aircraft Fire:	Aircraft Explosion
----------------------------	----------------	--------------------

- Injury Summary Matrix	Fatal	Serious	Minor	None	TOTAL
First Pilot	1				1
Second Pilot	1				1
Student Pilot					
Flight Instructor					
Check Pilot					
Flight Engineer					
Cabin Attendants	5				5
Other Crew					
Passengers	37				37
- TOTAL ABOARD -	44				44
Other Ground					
- GRAND TOTAL -	44				44

National Transportation Safety Board

**FACTUAL REPORT**  
**AVIATION**



NTSB ID: DCA01MA065

Occurrence Date: 09/11/2001

Occurrence Type: Accident

Administrative Information

Investigator-In-Charge (IIC)

Additional Persons Participating in This Accident/Incident Investigation: