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|---|--|---------------------------------|----------------------------------|--------------------------------------|------------------|
|  | | NTSB ID: WPR09RA402 | | Aircraft Registration Number: TF FIA | |
| | | Occurrence Date: 06/15/2009 | | Most Critical Injury: | |
| | | Occurrence Type: Incident | | Investigated By: Foreign | |
| Location/Time | | | | | |
| Nearest City/Place Keflavik | | State | Zip Code | Local Time 0000 | Time Zone UTC |
| Airport Proximity: On Airport/Airstrip | | 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 | | | | | |
| <p>Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:</p> <p>On June 15, 2009, a Boeing 757-200, TF-FIA, experienced heat and smoke emanating from the in-flight entertainment system audio jacks, located in two passenger armrests. The incident occurred prior to takeoff from Keflavik International Airport, Reykjanesbaer, Iceland. After the smoke was observed, power to the entertainment system in the affected seats was shut down, and the flight continued without further incident to Minneapolis-St Paul International, Minneapolis, Minnesota, USA.</p> <p>The investigation is under the jurisdiction of the Government of Iceland. This report is for information purposes only and contains only information released by the Government of Iceland. Further information pertaining to this accident may be obtained from:</p> <p>Aircraft Accident Investigation Board - Iceland Hus FBSR Flugvallarvegi 101 Reykjavik Iceland Office +354 511 1666 (0800 - 1600 hrs) +354 569 4141 (1600 - 0800 hrs) +354 660 0336 (24 hours) Fax +354 511 1667 GSM +354 660 0333 E-mail: rnf@rnf.is</p> <p>Website: http://www.rnf.is Updated on Aug 24 2009 1:24PM</p> | | | | | |
| FACTUAL REPORT - AVIATION | | | | | |
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|  National Transportation Safety Board FACTUAL REPORT AVIATION | | NTSB ID: WPR09RA402 | | | | |
| | | Occurrence Date: 06/15/2009 | | | | |
| | | Occurrence Type: Incident | | | | |
| Landing Facility/Approach Information | | | | | | |
| Airport Name Keflavik International Airport | | Airport ID: KEF | Airport Elevation Ft. MSL | Runway Used N/A | Runway Length | Runway Width |
| Runway Surface Type: | | | | | | |
| Runway Surface Condition: | | | | | | |
| Approach/Arrival Flown: Unknown | | | | | | |
| VFR Approach/Landing: Unknown | | | | | | |
| Aircraft Information | | | | | | |
| Aircraft Manufacturer BOEING | | Model/Series 757 | | Serial Number | | |
| Airworthiness Certificate(s): Transport | | | | | | |
| Landing Gear Type: Retractable - Tricycle | | | | | | |
| Amateur Built Acft? No | | Number of Seats: | | Certified Max Gross Wt. LBS | Number of Engines: 2 | |
| 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? | | | |
| Owner/Operator Information | | | | | | |
| Registered Aircraft Owner Icelandair | | Street Address | | | | |
| | | City | | State | Zip Code | |
| Operator of Aircraft Icelandair | | Street Address | | | | |
| | | City | | State | Zip Code | |
| Operator Does Business As: | | | Operator Designator Code: ICEL | | | |
| - Type of U.S. Certificate(s) Held: | | | | | | |
| Air Carrier Operating Certificate(s): Foreign Operation | | | | | | |
| Operating Certificate: | | | Operator Certificate: | | | |
| Regulation Flight Conducted Under: Part 121: Air Carrier | | | | | | |
| Type of Flight Operation Conducted: Scheduled; International; Passenger Only | | | | | | |
| FACTUAL REPORT - AVIATION | | | | | | |

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| | Occurrence Type: Incident | |

First Pilot Information

| | | | | |
|------|------|-------|---------------|-----|
| Name | City | State | Date of Birth | Age |
|------|------|-------|---------------|-----|

| | | | |
|------|----------------|---------------------|---------------------|
| Sex: | Seat Occupied: | Occupational Pilot? | Certificate Number: |
|------|----------------|---------------------|---------------------|

Certificate(s):

Airplane Rating(s):

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? Yes |
|----------------|------------------------|-----------------------|-------------------|

Flight Plan/Itinerary

Type of Flight Plan Filed: Unknown

| | | | | |
|------------------------------------|-------|--------------------|----------------|-----------|
| Departure Point | State | Airport Identifier | Departure Time | Time Zone |
| Same as Accident/Incident Location | | KEF | | UTC |

| | | | |
|-------------|-------|--------------------|--|
| Destination | State | Airport Identifier | |
| Minneapolis | MN | MSP | |


Type of Clearance: Unknown

Type of Airspace:

Weather Information

Source of Wx Information:

Unknown

| | |
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|-----------------------------|----------------------|--------------------------------------|--------------------------|---------------------------------------|---|
| 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: Minor | Aircraft Fire: None | Aircraft Explosion: None |

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

National Transportation Safety Board

FACTUAL REPORT
AVIATION



NTSB ID: WPR09RA402

Occurrence Date: 06/15/2009

Occurrence Type: Incident

Administrative Information

Investigator-In-Charge (IIC)

Elliott Simpson

Additional Persons Participating in This Accident/Incident Investigation: