

was lost. Seconds later all electrical power was lost, resulting in failure of the...turn coordinator and digital tachometer. My instructor assumed control of the aircraft, immediately initiating a climbing right turn to...an altitude of between 4,300 and 4,700 feet MSL, our last known VFR on top altitude. I then contacted TRACON with a cellular telephone and apprised the controller of our plight before losing reception. My instructor concurrently discovered the ammeter indicated zero. After evaluating the situation, we decided our best option was to head toward the last known VFR conditions...Thus we initiated a turn towards a southeast heading. Shortly after commencing the turn, sufficient charge was accumulated...to permit radio communication. Approach then provided radar vectors through the clouds. We broke out at approximately 900 feet MSL and 1 sm from the threshold and landed without incident. Subsequent pilot inspection of the aircraft revealed that the alternator belt was missing....

Best Ensemble Cast Performance



An experienced B767 Captain, capable First Officer, and responsive cockpit jumpseat rider teamed up to transform a critical flight emergency into a safe landing event.

■ *Passing over ZZZ at FL240, we heard a thump immediately followed by a significant pressure change in our ears. I immediately looked up to the tiny cabin pressure gauges to see if we were losing cabin pressure... My jumpseat rider was thinking the same thing as we both simultaneously leaned over the center console and looked up at the gauges. It was apparent we were not losing pressure, and queried each other as to what we thought the noise and pressure jolt might be. At the time we got a 'BODY DUCT LEAK' EICAS message. The First Officer was flying and I opened the QRH to the body duct checklist. During this time the cabin call chime was ringing, but we were not able to hear anything over the interphone. Within seconds, there was rapid and loud pounding on the cockpit door. My jumpseat asked permission to open the door, which I granted. The flight attendant said there was a lot of smoke and debris in the aft cabin, and it looked like*

there was a fire. The flight crew immediately performed the initial action items for smoke...I looked at my HSI and saw that we were just a little southwest (maybe 20-30 miles) from ZZZ. I informed the crew that we were going to divert to ZZZ, called ATC, declared an emergency for smoke in the cabin, requested an immediate descent and a turn direct. We were immediately cleared for a right turn direct to ZZZ with a descent to 11,000 feet. The 'Body Duct Leak' checklist was quickly completed as I thought this might help the situation in the back of the plane, and the co-pilot aggressively turned the plane towards ZZZ and descended with full speed brakes.

Given the information I had received so far, I believed the safest course of action was to treat this emergency as an inflight fire. There has been an emphasis on the smoke and fire scenario over the years in the company's initial and recurrent training programs. Establishing and maintaining communication with the back of the aircraft is critical.

With the copilot flying, I attempted to talk with the crew in the back of the plane. The static was overwhelming and made the use of the interphone nearly impossible. I turned to my jumpseat and asked him to work the interphone, PA's, and get me whatever info he could concerning our situation...I turned my attention to getting the aircraft on the ground. We received vectors to an ILS. All normal checklists were accomplished...The flight crew performed their duties wearing full-face oxygen masks...I chose to have my copilot fly the approach and landing, so that I could continue to monitor the situation in the back, as well as continue briefing what I planned to do after landing. There was so little time, and I wanted to be sure everyone knew what to expect, and what was expected of them... The jumpseat assured me that the passengers had been instructed to stay in their seats until they received instruction from the crew. The rest of the plan was for him to leave his seat as soon as the aircraft was stopped, quickly ascertain the situation, and essentially be my eyes and ears again. I had no interphone for communication with the cabin. The First Officer's landing was excellent. After stopping on the runway, the jumpseat provided me with the information I needed to decide an emergency evacuation would be unwarranted...The fire crew examined the aircraft and informed us there was no sign of smoke, fire, or damage. We then cleared the runway...

ASRS Wake Vortex Study Update

In March 2007, with the support of FAA funding, ASRS began an analysis of Wake Vortex Encounter incidents reported to the program. The purpose of the study is to provide the FAA with the details needed to fully understand wake vortex hazards and the factors that contribute to them.

Pilots and controllers submitting an ASRS report on wake vortex encounters are subsequently invited to complete a web- or phone-based set of supplemental questions. To date, 74 ASRS reporters have agreed to participate in the study. All identifying information (names, company affiliations, etc.) are removed before the ASRS research data are provided to the FAA.

The study focuses on any U.S. location at which a wake vortex incident occurs, including airports (all runway

configurations – closely-spaced parallel, in-trail, and crossing runways) and the en route environment. Some of the factors analyzed include the magnitude of the wake encounter, aircraft spacing, aircraft type, runway configuration, and consequences of the encounter.

If you experience a wake vortex incident, please keep in mind that your report of the incident will be a valuable addition to the ASRS study. Your participation in the wake vortex study will enhance the FAA's understanding of related aircraft separation and airport capacity issues.

To participate, simply file an ASRS report describing the incident, and you will be contacted by ASRS and provided information about filling out the supplemental Wake Vortex questionnaire.