

**PILOT "B" INFORMATION**

**Pilot "B" Responsibilities at the Time of Accident/Incident**  
 Pilot  Co-Pilot  Student Pilot  Flight Instructor  Check Pilot  Flight Engineer  Other Flight Crew

**Pilot "B" Identification**  
 First Name: Thomas City: Wellington  
 Middle Initial: R. State: FL ZIP: 33414  
 Last Name: Hamer Jr. Country: USA  
 Age at time of Accident/Incident:      Date of Birth:      Certificate Number:       
*mm/dd/yyyy*

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Pilot Certificate(s) (Check all that apply)**  
 None  Student  Recreational  Commercial  Flight Engineer  Foreign  
 Private  Flight Instructor  Sport  Airline Transport  U.S. Military

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>06/05/2012</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**  
 Must possess glasses for near vision

**Medical Certificate Waivers**  
 None

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 04/27/11  
*mm/dd/yyyy*  
**Flight Review Aircraft**  
 Make: Cessna  
 Model: CE-560

<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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**Type Ratings**  
 BA-111, CE-500, CE-580XL, CE-650, DA-2000, IA-Jet, LR-Jet

**Student Endorsements (include dates)**

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Multiengine	CFR	Lighter Than Air
						Actual	Simulated			
Total Time	19,000	100	1,000	14,000				5,000		
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										