

**Factual Report – Attachment 4**

**Pilot PRIA Records**

**OPERATIONAL FACTORS**

CEN17MA183



U.S. Department of Transportation  
Federal Aviation Administration

### AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

#### NOTICE

*Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.*

*Pursuant to 49 U.S.C. § 44703(h)(5), the Air Carrier, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(B) shall furnish a copy of such requested records maintained by that person not later than 30 days after receiving the request.*

#### PART I: AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

To: D&D Aviation  
470 N 2400W #233  
Salt Lake City, UT 84116

SunQuest Executive Air Charter LLC , 1QUA578N , hereby requests copies of  
(Air Carrier Name) (Air Carrier Certificate Number)  
records as required under 49 U.S.C. § 44703(h)(1)(B), as amended, pertaining to the airman consenting in Part II below.

Name: Ryan Frost Title: Director of Operations  
(Print - Air Carrier Representative) (Print - Title of Air Carrier Representative)

Signature: [Signature] Date: 07/10/2016  
(Air Carrier Representative)

Mail Records To: 95 Nakolo Pl.  
Honolulu, HI 96819

Telephone: (808) 377-6240 FAX: (808) 377-6243

#### PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS

I William Eugene Ramsey , consent to and authorize my current or previous  
(Print - Airman's First, Middle, and Last Name)  
employer D&D Aviation to release records pertaining to  
(Print - Employer Name)  
me as required under 49 U.S.C. § 44703(h)(1)(B) to the air carrier named

Airman Certificate Number(s): [Redacted]

Signature: [Signature] Date: \_\_\_\_\_  
(Not valid unless signed and dated)

\*Mailing address: [Redacted]  
(\*Indicates required information. See Instructions)  
Salt Lake City, UT 84110

Telephone: [Redacted]

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SALT LAKE CITY, UT 84116

Certified Mail Fee	\$ 3.50
Extra Services & Fees (check box, add fee)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 3.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.00
Total Postage and Fees	\$ 6.30

Sent To: D&D Aviation  
470 N 2400W #233  
Salt Lake City, UT 84116

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

AND OTHER RECORDS REQUEST (PRIA)

Records Improvement Act Of 1996 (PRIA)  
RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

NOTICE

Part II are completed as specified in the instructions.

is a person who receives a request for records under 49 U.S.C. § 44703(h) maintained by that person not later than 30 days after receiving the request.

REQUEST (PRIA)

I, IQUA578N, hereby requests copies of  
(Air Carrier Certificate Number)  
(B), as amended, pertaining to the airman consenting in Part II below.

7016 0910 0002.1788 6075

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Extra Serv. Cbs & Fees (check box, add fee as appropriate)	
Return Receipt (hardcopy)	\$2.80
Return Receipt (electronic)	\$0.00
Certified Mail Restricted Delivery	\$3.00
Adult Signature Required	\$0.00
Adult Signature Restricted Delivery	\$0.00
Postage	\$1.00
Total Postage and Fees	\$2.50

Postmark Here  
08/22/2016

Sent to MedFlight Air Ambulance  
PO Box 9900  
Albuquerque, NM 87119-1000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Name: Ryan Frost Title: Director of Operations  
(Print—Air Carrier Representative) (Print—Title of Air Carrier Representative)

Signature: [Redacted] Date: 08.22.2016  
(Air Carrier Representative)

Mail Records To: 95 Nakolo Pl.  
Honolulu, HI 96819

Telephone: (808) 377-6240 FAX: (808) 377-6243

PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS

I Jeffrey Alino, consent to and authorize my current or previous  
(Print—Airman's First, Middle, and Last Name)  
employer MedFlight Air Ambulance to release records pertaining to  
(Print—Employer Name)  
me as required under 49 U.S.C. § 44703(h)(1)(B) to the air carrier named in Part I above.

Airman Certificate Number(s): [Redacted]

Signature: [Redacted] Date: 08.22.2016  
(Not valid unless signed and dated)

\*Mailing address: [Redacted]  
(\*Indicates required information. See Instructions: Part II, item 4)  
Union, NJ 07083

Telephone: [Redacted]



Gary Schnakenberg [redacted] >

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## Jeffrey Alino resigns

1 message

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Jeffrey alino <jeffrey\_alino@medflight.com>  
To: [redacted]

Fri, Jan 1, 2016 at 6:50 PM

Dear Medflight Air Ambulance

I Jeffrey Alino have resigned from Medflight Air Ambulance on December 28 and my last day will be January 5, 2016 I want to thank Medflight Air Ambulance for letting me have the opportunity to flying for them. But I have found a new job elsewhere.

Sincerely yours  
Jeffrey Alino

Base August  
DATE OF CHECK  
08/07/2015

AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135				LOCATION ICT		DATE OF CHECK 08/07/2015		
NAME OF AIRMAN (last, first, middle initial) Alino, Jeffery				TYPE OF CHECK FAR 135.293 <input checked="" type="checkbox"/> FAR 135.297 <input type="checkbox"/> FAR 135.299 <input type="checkbox"/>				
NOTIFICATION INFORMATION: Grade Commercial Number [REDACTED]		MEDICAL INFORMATION: Date of Exam. 10/31/2014 Date of Birth 1/23/1984 Class 1st		TYPE AIRPLANE (Make/Model) Lear 35 Simulator/Training Device (Make/Model) LR-35A #91				
EMPLOYED BY Med Flight Air Ambulance, Inc.		BASED AT (City, State) KABQ		FLIGHT TIME Simulator Time 2.0				
NAME OF CHECK AIRMAN Charles F Gawell		SIG. OF CHECK AIRMAN [REDACTED]		FLIGHT MANEUVERS GRADE (S-Satisfactory U-Unsatisfactory)				
PILOT				MFUA				
PIC		Air-craft	Simulator	Trng Dev.	Air-craft	Simulator	Trng Dev.	
PREFLIGHT				HELICOPTER				
1 Equipment Examination (Oral or written)		S			1 Ground and/or Air Taxi		N/A	
2 Preflight Inspection		S			2 Hovering Maneuvers			
3 Taxiing			S		3 Normal & Crosswind T.O. & Landings			
4 Power plant Checks			S		4 High Altitude Takeoff & Landings			
TAKEOFFS				5 Sim Engine Failure				
5 Normal			S		6 Confined Areas, Slopes & Pinnacles			
6 Instrument 500 RVR			S		7 Rapid Deceleration (Quick Stops)			
7 Crosswind			S		8 Automations /Single Engine)			
8 With Simulated Powerplant Failure			S		9 Hovering Auto-rotations (Single Engine)			
9 Rejected Takeoff			N/R		10 Tail Rotor Failure* (Oral)			
INFLIGHT MANEUVERS				11 Settling With Power (Oral or flight)				
10 Steep Turns			N/R		SEAPLANE OPERATIONS			
11 Approaches to Stalls Specific Flight Characteristics			U/S		1. Taxiing, Sailing, Docking			
13 Power plant Failure			N/R		2. Step Taxi & Turns			
LANDINGS				3. Glassy/Rough Water T.O./Landings				
14 Normal			S		4. Normal Takeoff & Landings			
15 From an ILS			S		5. Crosswind T.O. & Landings			
16 Crosswind			S		OTHER			
17 With Simulated Powerplant(s) Failure			S		6. Ski Plane Ops. (when applicable)			
18 Rejected Landing			N/R		GENERAL			
19 From Circling Approach			N/R		7 Judgment			
EMERGENCIES				8. Crew Coordination		S		
20 Normal and Abnormal Procedures			S		AIRMAN COMPETENCY INFORMATION			
21 Emergency Procedures			S		Demonstrated Current Knowledge FAR 135.293(a) Make/Model Expires LR - 35 (12 months) ( 08 / 2016 )			
INSTRUMENT PROCEDURES				Demonstrated Current Knowledge FAR 135.293(b) Make/Model Expires LR - 35 (12 months) ( 08 / 2016 )				
22 Area Departure			N/R		Satisfactorily Demonstrated Line Checks FAR 135.299 Expires (12 months) ( N / A )			
23 Holding			N/R		Satisfactorily Demonstrated IFR Proficiency FAR 135.297 Expires (6 months) ( N / A )			
24 Area Arrival			N/R		Use of Autopilot (is) (is not) Authorized Expires (12 months) ( N / A )			
25 ILS Approaches RVR 1800			S		REMARKS			
26 Other Instrument Approaches no flaps			N/R		135.293(a)(b) Base month August Lower than Standard Takeoff & Landing (500/1800 RVR) 11. Retrained stall series Recovery from unusual attitudes demonstrated			
Approaches: LOC			/					
VOR			/					
ILS			S					
Other (Specify) GPS			S					
27 Circling Approaches			N/R					
28 Missed Approaches			N/R					
29 Comm./Nav. Procedures			S					
30 Use of Auto. Pilot			S					
RESULT OF CHECK		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CHECK AIRMAN'S PERFORMANCE (FAA Only) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory				
REGION SW		DISTRICT OFFICE ABQ		FAA INSPECTOR'S SIGNATURE				

**MED FLIGHT AIR AMBULANCE, INC.  
GENERAL OPERATIONS MANUAL**

Z-6/R-0/03-15-05

**PILOT INFORMATION FORM**

NAME: <u>JEFFERY ALINO</u>		DATE EMPLOYED: <u>AUG 3 2015</u>												
CERTIFICATES: <u>Commercial</u>														
MM/S	FLIGHT TIME													
	TOTAL	PIC	SIC	DAY	NIGHT	IFR	MEL	Lear 30 Series	Lear 20 Series	King Air 200	LAST 30 DAYS	LAST 60 DAYS	LAST 90 DAYS	LAST 12 MONTH
	1050	720	0	945	105	180	138	0		11	5	7	21	53
TOTALS														
DATE RECEIVED					RENEWAL DATE					MEDICAL CERTIFICATE INFORMATION				
10-31-14					OCT 2015					CLASS 157 LIMITATIONS Corrective lenses				
DATE					AIRCRAFT					INITIAL AND RECURRENT COMPETENCY/TRAINING/PROFICIENCY AND ROUTE CHECKS				
8-16-15					LR-35A					Remarks (GROUND, FLIGHT, ORAL, WRITTEN, GRADE, ETC.) Tailrot SIC				
DATE					AIRCRAFT					CURRENT DUTY ASSIGNMENT				
8-16-15					LR-35A					PIC/SIC/K AIRMAN SIC				
REMARKS														

# MED FLIGHT AIR AMBULANCE, INC.

PART 135 TRAINING PROGRAM

SECTION 2

TRAINING CERTIFICATE					
This certifies that <u>Jeffrey Alino</u> has satisfactorily completed:					
Curriculum Segment	Training Category *	Aircraft Type	Pilot's Signature **	Certifying Signature	Completion Date
Basic Indoctrination	Ini	LR-35	[Redacted]	[Redacted]	
Emergency Training	Ini	LR-35	[Redacted]	[Redacted]	
Hazardous Material	Ini	LR-35	[Redacted]	[Redacted]	8-16-15
Aircraft Ground	Ini	LR-35	[Redacted]	[Redacted]	8-16-15
Flight	Ini	LR-35	[Redacted]	[Redacted]	8-11-15
Differences					
Aircraft Ground					
Flight					
Differences					
Special Segments:					
Additional Comments:					

\* Enter the appropriate Training Category: (Ini = Initial), (Tra = Transition), (Rec = Recurrent), (Upg = Upgrade), (Req = Requalification), (Dif = Differences)

\*\* Pilot's Signature acknowledges receipt of this training





10/17/2015

**Name: Alino, Jeffrey**

Subject	Completed On
14 CFR Part 1-97 and 49 Part 830 - FW	8/14/2015
14 CFR Part 110	8/13/2015
14 CFR Part 135 - FW	8/14/2015
ADS-B Overview	8/14/2015
Aeronautical Information Manual - FW	8/15/2015
AeroNav Charts	8/15/2015
Airspace Overview	8/15/2015
Anti-ice and Deice	8/15/2015
Aviation Weather Theory	8/15/2015
CFIT Avoidance (FW)	8/16/2015
Classes of Fire	8/16/2015
CRM-ADM - Fixed Wing	8/16/2015
Fixed Wing Windshear	8/16/2015
GPS - Fixed Wing	8/16/2015
Hazmat - Will Not Carry	8/16/2015
High Altitude Weather and Aerodynamics	8/16/2015
ILS PRM	8/16/2015
International Operations	8/15/2015
JEPPESEN Instrument Charts	8/16/2015
METAR	8/15/2015
Optional Lessons	8/16/2015
Physiology and First Aid - Fixed Wing	8/16/2015
Pilot's Glossary - FW	8/16/2015
RNP	8/16/2015
Runway Incursion	8/16/2015
RVSM-DRVSM	8/16/2015
Survival	8/16/2015
TAWS	8/16/2015
TCAS II	8/13/2015
US RNAV Operations	8/13/2015



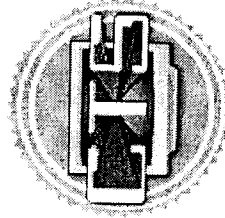
# Med Flight Air Ambulance Certificate of Completion


*This certifies that*

**Jeffrey Alino**

*has been trained and tested in accordance with the  
Med Flight Air Ambulance FAA Approved Training Program  
(FAA AC 91-85 and 14 CFR 91.706) on 08-16-2015*

**RVSM-DRVSM**



  
Charles Carwell  
Chief Pilot

2301 Yale Blvd SE, Suite D3, Albuquerque, NM 87106-4355

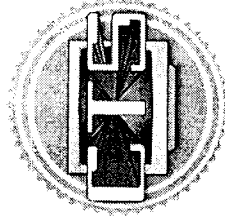
# Med Flight Air Ambulance Certificate of Completion

*This certifies that*

**Jeffrey Alino**

*has been trained and tested in accordance with the  
Med Flight Air Ambulance FAA Approved Training Program  
(14 CFR 135.501 through 14 CFR 135.507) on 08-16-2015*

**Hazmat - Will Not Carry**



Charles Gawell  
Chief Pilot

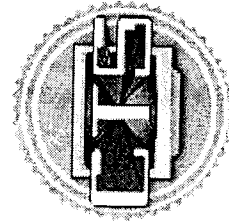
# Med Flight Air Ambulance Certificate of Completion

*This certifies that*

**Jeffrey Alino**

*has been trained and tested in accordance with the  
Med Flight Air Ambulance FAA Approved Training Program  
(8900.1 Section 4.12.1 and FAA AC 91-70) on 08-15-2015*

**International Operations**




Charles Gawell  
Chief Pilot

2301 Yale Blvd SE, Suite D3, Albuquerque, NM 87106-4355



U.S. Department of Transportation  
Federal Aviation Administration

### AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act of 1988 (PRIA)  
Title 49 U.S.C. § 44703(h), RECORDS OF EM...

Trans Pacific jets  
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City, State, ZIP+4® Mesa, AZ 85277  
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**NOTE:**  
and II are com

as a person wh  
maintained b

DS REQUES

(B), as agre

Title

Mail Records To: 95 Nakolo Pl.  
Honolulu, HI 96819  
  
Telephone: (808) 377-6240

### PART II: AIRMAN CONSENT FOR THE RELEASE OF I-

I Jeffrey Alino  
(Print - Airman's First, Middle, and Last Name)  
employer Pacific Wings Airlines  
(Print - Employer Name)  
me as required under 49 U.S.C. § 44703(h)(1)(B) to the air c

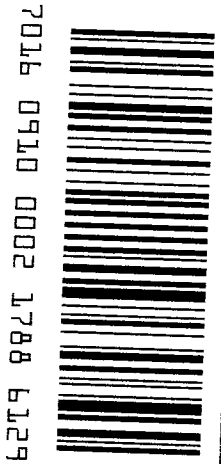
Airman Certificate Number(s): 3419724

Signature: [Signature]  
(Print name unless signed and dated)

\*Mailing address: [Redacted]  
(\*Indicates required information.)  
Union, NJ 07083

Telephone: [Redacted]

Pacific Wings Airlines  
PO Box 20280  
Mesa, AZ 85277



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