

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

<b>Location</b>				
Nearest City/Place, State, Zip Code <i>DeLand, Florida.</i>	Date of Accident <i>12/03/99</i>	Local Time (24 HOUR CLOCK) <i>1023</i>	Zone <i>EST</i>	Elevation At Accident Site <u>30</u> Feet MSL ____ Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

**Proximity To Airport**

1. <input type="checkbox"/> On Approach	3. <input checked="" type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input type="checkbox"/> Beyond 3 Miles

Airport Name <i>DeLand Municipal-Sidney H. Taylor Field</i>	Airport Ident <i>KDED.</i>	Runway/Landing Surface Conditions: 1. <input checked="" type="checkbox"/> Direction: <i>5</i> 3. <input checked="" type="checkbox"/> Width: <i>100'75'</i> 5. <input checked="" type="checkbox"/> Condition: <i>Dry</i> 2. <input checked="" type="checkbox"/> Length: <i>4379'</i> 4. <input type="checkbox"/> Surface: <i>Paved (Asphalt?)</i>
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**Phase Of Operation:**

1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver
2. <input type="checkbox"/> Taxi	4. <input checked="" type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL

<b>Aircraft Information</b>				
Registration Mark <i>N153 ER</i>	Aircraft Manufacturer <i>Piper</i>	Aircraft Type/Model <i>PA-28-161</i>	Serial Number <i>2841178</i>	Cert Max Gross WT <i>1497.66</i>
Type Of Aircraft 1. <input checked="" type="checkbox"/> Airplane    5. <input type="checkbox"/> Blimp/Dirigible 2. <input type="checkbox"/> Helicopter    6. <input type="checkbox"/> Ultralight 3. <input type="checkbox"/> Glider    7. <input type="checkbox"/> Gyroplane 4. <input type="checkbox"/> Balloon    8. <input type="checkbox"/> Specify _____		Type Of Airworthiness Certificate 1. <input checked="" type="checkbox"/> Normal    5. <input type="checkbox"/> Restricted 2. <input type="checkbox"/> Utility    6. <input type="checkbox"/> Limited 3. <input type="checkbox"/> Acrobatic    7. <input type="checkbox"/> Experimental 4. <input type="checkbox"/> Transport    8. <input type="checkbox"/> Specify _____		Amateur Built 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No

<b>Landing Gear</b>			No. Of Seats Flight/Cabin Crew <u>2</u> Pax <u>2</u>
1. <input checked="" type="checkbox"/> Tricycle—Fixed	4. <input type="checkbox"/> Tailwheel—Retractable	7. <input type="checkbox"/> Skid	
2. <input type="checkbox"/> Tricycle—Retractable	5. <input type="checkbox"/> Tailwheel—Retractable Mains	8. <input type="checkbox"/> Limited	
3. <input type="checkbox"/> Tailwheel—Fixed	6. <input type="checkbox"/> Amphibian	9. <input type="checkbox"/> Specify _____	

Stall Warning System Installed 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	IFR Equipped 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Engine Type 1. <input checked="" type="checkbox"/> Reciprocating—Carburetor    3. <input type="checkbox"/> Turbo Prop 2. <input type="checkbox"/> Reciprocating—Fuel Injected    4. <input type="checkbox"/> Turbo Jet	5. <input type="checkbox"/> Turbo Fan 6. <input type="checkbox"/> Turbo Shaft
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Engine Manufacturer <i>Lycoming</i>	Engine Model/Series <i>O-320-D3G</i>	Engine Rated Power 1. <u>140</u> Horsepower 2. _____ Lbs Thrust	Type Of Fire Extinguishing System Used 1. <u>None</u> 2. Specify _____
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Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		<i>L-15455-37A</i>	<i>8565.4</i> Hours	<i>98.2</i> Hours	<i>204.2</i> Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program 1. <input type="checkbox"/> Annual 2. <input type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program(AAIP) 4. <input checked="" type="checkbox"/> Continuous Airworthiness 5. <input type="checkbox"/> Specify _____	Type Of Last Inspection 1. <input type="checkbox"/> Annual 2. <input checked="" type="checkbox"/> 100 Hours 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness	Date Last Inspection Performed <u>09/17/99</u> <u>17/09/99</u> (MDY) Time Since Last Inspection <u>98.2</u> Hours Airframe Total Time <u>10349.3 (not hyp)</u> Hours
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Emergency Locator Transmitter (ELT)	ELT Manufacturer <i>NARCO Avionics</i>	Model/Series <i>ELT 14</i>	Serial Number <i>C16130</i>	Battery Date (MDY) Exp <u>02/200</u>
	Switch 1. <input checked="" type="checkbox"/> On    2. <input type="checkbox"/> Off    3. <input checked="" type="checkbox"/> Armed		Operated 1. <input checked="" type="checkbox"/> Yes    2. <input type="checkbox"/> No	Aided In Accident Location 1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No

Registered Aircraft Owner <i>Egby-Riddle Aeronautical University</i>	Address <u>600 S. Clyde Morris Blvd.</u> <u>Daytona Beach, FL 32114-3700.</u>
Operator Of Aircraft 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. Name _____ 3. DBS: _____	Address 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. _____

<b>Owner / Operator Information (cont.)</b>																	
Operator (Certificate Number)			Operator Designator (4 Letter Designator)														
<b>Purpose Of Flight And Type Of Operation</b>																	
<b>Regulation Flight Conductor Under</b>				<b>Operator Authority</b>			<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b>										
1. <input checked="" type="checkbox"/> FAR91 (only)    4. <input type="checkbox"/> FAR 121    7. <input checked="" type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D    5. <input type="checkbox"/> FAR 125    8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103    6. <input type="checkbox"/> FAR 129    9. <input type="checkbox"/> FAR 137				<b>FAR121</b> 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental  <b>FAR 135</b> 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			<b>FAR 133</b> 6. <input type="checkbox"/> Rotorcraft External Load  <b>FAR125</b> 7. <input type="checkbox"/> Large Aircraft  <b>FAR 129</b> 8. <input type="checkbox"/> Foreign			1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____							
<b>Purpose of Flight</b>				<b>FAR 135</b>			<b>FAR 129</b>										
1. <input checked="" type="checkbox"/> Personal    6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business    7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational    8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate    9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application    10. <input type="checkbox"/> Positioning				4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			7. <input type="checkbox"/> Large Aircraft 8. <input type="checkbox"/> Foreign										
<b>Pilot Information</b>																	
Pilot Name <i>Todd Joseph Landy</i>			Pilot Certificate No.		Address <i>LA 70075</i>			Nationality <i>U.S.A.</i>									
<b>Certificate (s)</b>																	
1. <input type="checkbox"/> Student    3. <input checked="" type="checkbox"/> Commercial    5. <input checked="" type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____																	
<b>Rating (s)</b>				<b>Instrument Rating (s)</b>			<b>Instructor Rating (s)</b>										
1. <input type="checkbox"/> None    6. <input type="checkbox"/> Helicopter 2. <input checked="" type="checkbox"/> Single Engine Land    7. <input type="checkbox"/> Glider 3. <input checked="" type="checkbox"/> Single Engine Sea    8. <input type="checkbox"/> Free Balloon 4. <input checked="" type="checkbox"/> Multiengine Land    9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea    10. <input type="checkbox"/> Gyroplane				1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			1. <input type="checkbox"/> None    6. <input checked="" type="checkbox"/> Instrument Airplane 2. <input checked="" type="checkbox"/> Airplane S.E.    7. <input type="checkbox"/> Instrument Helicopter 3. <input checked="" type="checkbox"/> Airplane M.E.    8. <input checked="" type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter    9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider										
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>			<b>BFR Aircraft</b>										
							1. Make _____ 2. Model _____										
<b>Medical Certificate</b>			<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b>			<b>Date Of Birth (M/D/Y)</b>									
1. <input type="checkbox"/> None    3. <input type="checkbox"/> Class 2 2. <input checked="" type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3			<i>07/22/99</i>		<i>None</i>			<i>77</i>									
<b>Degree Of Injury</b>		<b>Seat Occupied</b>		<b>Person At Controls At Time Of Accident</b>				<b>Seat Belt Available</b>									
1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal		1. <input type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		1. <input type="checkbox"/> Pilot In Control    4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot    5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No									
<b>Seat Belt Used</b>		<b>Shoulder Harness Available</b>		<b>Shoulder Harness Used</b>		<b>Source Of Pilot Flight Time Information</b>											
1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Pilot Logbook    4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records											
<b>Flight Time</b>		<b>This Make &amp; Model</b>		<b>Alrplane Single Engine</b>		<b>Alrplane Multiengine</b>		<b>Night</b>		<b>Instrument</b>		<b>Rotorcraft</b>		<b>Glider</b>		<b>Lighter Than Air</b>	
										Actual Simulated							
Total Time				717.6		84.4		58.8									
Pilot In Command (PIC)						86.4											
Instructor																	
This Make & Model																	
Last 90 Days																	
Last 30 Days																	
Last 24 Hours																	
<b>Second Pilot Information</b>																	
<b>Second Pilot Responsibilities At The Time Of Accident</b>																	
1. <input type="checkbox"/> Co-Pilot    2. <input type="checkbox"/> Dual Student    3. <input type="checkbox"/> Safety Pilot    4. <input type="checkbox"/> Check Pilot    5. <input type="checkbox"/> None (Pilot-Rated Passenger)																	
Pilot Name <i>Eliza Lynn Lewis</i>			Pilot Certificate No.		Address <i>ME 04062</i>			Nationality <i>U.S.A.</i>									
<b>Certificate (s)</b>																	
1. <input type="checkbox"/> Student    3. <input type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. None 2. <input checked="" type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____																	

Second Pilot Information (cont.)													
<b>Rating (s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				<b>Instrument Rating (s)</b> 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter			<b>Instructor Rating (s)</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____						
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>			<b>BFR Aircraft</b> 1. Make _____ 2. Model _____						
<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b> Waivers _____			<b>Date Of Birth (M/D/Y)</b> [REDACTED] / 81					
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input checked="" type="checkbox"/> Serious 4. <input checked="" type="checkbox"/> Fatal			<b>Seat Occupied</b> 1. <input checked="" type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No							
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input checked="" type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>		
Total Time		168.1	42.8	168.1	0	17.4	0.4	43.4	0	0	0		
Pilot In Command (PIC)		101.7	42.8	101.7	0	8.4	0.4	25.8	0	0	0		
Instructor		0	0	0	0	0	0	0	0	0	0		
This Make & Model						6.2	0	1.5					
Last 90 Days		42.8	42.8	42.8	0	6.2	0	1.5	0	0	0		
Last 30 Days		15.6	15.6	15.6	0	0	0	0	0	0	0		
Last 24 Hours		1.4	1.4	1.4	0	0	0	0	0	0	0		
<b>Other Personnel</b>													
<b>Name</b>	<b>Seat</b>	<b>Address (City &amp; State)</b>			<b>Crew</b>	<b>Non-Revenue</b>	<b>Revenue</b>	<b>Non-Occupant</b>	<b>FAA</b>	<b>Fatal</b>	<b>Serious</b>	<b>Minor</b>	<b>None</b>
1.													
2.													
3.													
4.													
5.													
6.													
<b>Flight Itinerary Information</b>													
<b>Last Departure Point</b>			<b>Time Of Departure</b>			<b>Destination</b>			<b>Flight Plan Filed</b>				
1. Airport ID <u>KDED.</u>			1. Time <u>approx 09:15</u>			1. Airport ID <u>KDED.</u>			1. <input checked="" type="checkbox"/> None				
2. City/Place <u>Deland</u>			2. Time Zone <u>EST</u>			2. City/Place <u>Deland.</u>			2. <input type="checkbox"/> VFR				
3. State <u>Florida</u>						3. State <u>Florida</u>			3. <input type="checkbox"/> IFR				
									4. <input type="checkbox"/> VFR/IFR				
									5. <input type="checkbox"/> Company (VFR)				
									6. <input type="checkbox"/> Military (VFR)				
<b>If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished</b>													
<b>Fuel On Board At Last Takeoff</b>						<b>Fuel Type</b>							
Gallons _____						1. <input type="checkbox"/> 80/87							
or _____						2. <input checked="" type="checkbox"/> 100 Low Lead							
Pounds _____						3. <input type="checkbox"/> 100/130							
						4. <input type="checkbox"/> 115/145							
						5. <input type="checkbox"/> Jet A							
						6. <input type="checkbox"/> Automotive							
						7. Specify _____							
<b>Other Services, If Any, Prior to Departure</b>													
<b>Weather Information At The Accident Site</b>													
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b>					<b>Light Condition</b>				<b>Visibility</b>		<b>Temp (°F)</b>		
					1. <input type="checkbox"/> Dawn				_____ Miles				
					2. <input checked="" type="checkbox"/> Daylight								
					3. <input type="checkbox"/> Dusk								
					4. <input type="checkbox"/> Bright Night								
					5. <input type="checkbox"/> Dark Night								

Weather Information At The Accident Site (cont.)					
Dew Point (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured			
Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility <i>Sun Glare</i>	Type Precipitation <i>None</i>	Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Specify _____	
Turbulence (Multiple Entry) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Destroyed			Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In-Flight <input type="checkbox"/> On Ground		
Description Of Damage To Aircraft And Other Property <i>Aircraft Destroyed. Possible Environmental Damage.</i>					
Mechanical Malfunction Failure					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time <table border="1"> <tr> <td>On Part _____ Hours</td> <td>At Overhaul _____ Hours</td> </tr> </table>		On Part _____ Hours	At Overhaul _____ Hours
On Part _____ Hours	At Overhaul _____ Hours				
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark <i>N3038N</i>	Aircraft Manufacturer <i>Piper</i>	Aircraft Type/Model <i>PA44-180</i>	Degree Of Aircraft Damage <input checked="" type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None		
Registered Aircraft Owner		Address			
Pilot Name <i>Nicholas J. Smatos</i>		Address <i>Daytona Beach, FL 32119</i>	Pilot Certificate No. [REDACTED]		
Evacuation Of Aircraft					
Assistance Received <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) 1. Main Door _____    2. Auxiliary Door _____    3. Emergency Exit _____					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					

**Flight Crew Members**

Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

<i>A. Mohamad alhaj</i>	FAA Certificate No. [REDACTED]	Address <i>Dubai, UAE</i>	Title
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(s)  Commercial       Flight Instructor       Foreign  
 Airline Transport       Flight Engineer      8. Specify \_\_\_\_\_

endorsements <i>one Single Engine Land; Instrument Airplane</i>	Total Flight Time <i>5511.77</i>	Flight Time This Accident
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	FAA Certificate No.	Address	Title
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(s)  Commercial       Flight Instructor       Foreign  
 Airline Transport       Flight Engineer      8. Specify \_\_\_\_\_

endorsements	Total Flight Time	Flight Time This Accident
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	FAA Certificate No.	Address	Title
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(s)  Commercial       Flight Instructor       Foreign  
 Airline Transport       Flight Engineer      8. Specify \_\_\_\_\_

endorsements	Total Flight Time	Flight Time This Accident
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JAN 14 2000  
TSR - MIA

**Narrative History Of Flight**

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

On December 3, 1999, at approximately 0900 Eastern Standard Time (EST), a Piper PA28-161 airplane, N153ER, departed the Embry-Riddle Aeronautical University (ERAU) ramp at Daytona Beach International Airport (KDAB) near Daytona Beach, Florida. The airplane, registered to and operated by ERAU of Daytona Beach, Florida, was being operated under Title 14 of the Code of Federal Regulations Part 91. An instructor pilot, Todd Landry, and commercial pilot applicant, Eliza Lewis, were listed as being aboard the aircraft

On November 30, 1999, commercial pilot applicant Eliza Lewis departed on a Stage-1 Commercial Pilot Check Flight. Due to the wind conditions on that day, the landing portions of the check flight were not completed. The flight being conducted on December 3, 1999, was scheduled so that the required landings could be completed and several other unsatisfactory items noted could be rechecked.

N153ER departed KDAB with a flight planned destination recorded as Leesburg Regional Airport (KLEE). Although KLEE was recorded as the aircraft destination, the intention was for the student pilot to establish on the preplanned track and altitude to complete the unsatisfactory items. N153ER would then divert to an intermediate field (KDED) to complete the landings portion of the Stage-1 Commercial Pilot Check Flight. A number of takeoffs and landings at KDED would be required in order to satisfactorily meet the requirements of the Stage-1 Check. It was at that time, while departing Runway 5 at KDED, that N153ER was involved in a midair collision with N3038N, a Piper PA-44 Seminole. Runway 5 was reported as being the preferred runway at the time of the collision.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

12/21/99

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

Scott Bagby

3. Title

Auction Safety Program Manager & Chief Air Safety Investigator,  
ERAU, Daytona Beach.

For NTSB Use Only

NTSB Accident No.

MIAC00FA041AB

Reviewed By NTSB Office Located At

MIAMI, FL

Name Of Investigator

Monville

Date Report Received

MARCH 2, 2000