

## National Transportation Safety Board

FACTUAL REPORT  
AVIATION

NTSB Accident/Incident Number

A T L T H L A 0 7 7

## 1 Second Pilot Responsibilities

1 ☒ Copilot 2 ☐ Dual student 3 ☐ Safety pilot 4 ☐ Check pilot 5 ☐ None (Pilot-Rated Passenger) A Other

## 2 Name (Last, First, Initial)

TUCKER, JAMES M.  
A Other

## 3 Pilot Certificate No.

A Other

## 4 Street Address

A Other

## 5 City

Collierville  
A Other

## 6 State

TN  
A Other

## 7 Date of Birth (Nos. for M, D, Y)

A Other

## 8 Age

43  
A Other

## 9 Sex

1 ☒ Male  
2 ☐ Female

## 10 Seat Occupied (Multiple entry)

1 ☐ Left 4 ☐ Front  
2 ☒ Right 5 ☐ Rear  
3 ☐ Center A Other

## 11 Principal Profession

1 ☒ Pilot-civilian 4 ☐ Aircraft mechanic 7 ☐ Doctor/dentist  
2 ☐ Pilot-military 5 ☐ Business 8 ☐ Police  
3 ☐ Other-military 6 ☐ Lawyer 9 ☐ Student10 ☐ Clergy 13 ☐ Farmer/Rancher  
11 ☐ Teacher 14 ☐ Retired  
12 ☐ Engineer A Other

## 12 Certificate(s) (Multiple entry)

1 ☐ Student  
2 ☐ Private  
3 ☐ Commercial  
4 ☒ Airline Transport  
5 ☐ Flight Instructor  
6 ☐ Flight Engineer7 ☐ Military  
8 ☐ None  
9 ☐ Foreign  
A Other

## 13 Ratings—Airplane (Multiple entry)

1 ☐ None  
2 ☒ Single engine land  
3 ☒ Multiengine land  
4 ☐ Single engine sea  
5 ☐ Multiengine sea

## 14 Rotorcraft/Glider/LTA (Multiple entry)

1 ☒ None  
2 ☐ Helicopter  
3 ☐ Gyroplane  
4 ☐ Airship  
5 ☐ Free balloon  
6 ☐ Glider15 Instrument Rating  
(Multiple entry)1 ☐ None  
2 ☒ Airplane  
3 ☐ Helicopter

## 16 Instructor Rating(s) (Multiple entry)

1 ☒ None 5 ☐ Gyroplane  
2 ☐ Airplane SE 6 ☐ Glider  
3 ☐ Airplane ME 7 ☐ Instrument airplane  
4 ☐ Helicopter 8 ☐ Instrument helicopter

## 17 Ground Instructor

1 ☐ Basic  
2 ☐ Advanced  
3 ☐ Instrument  
4 ☒ None

## 18 Type Rating/Endorsement This Aircraft

1 ☒ Yes  
2 ☐ No (Go to block 20)  
A Other19 Months Since Check/Endorsement  
This Aircraft6  
A Other

## 20 Biennial Flight Review

1 ☒ Yes  
2 ☐ No  
A Other

## 21 Months Since Last BFR

6 Months  
A Other

## 22 BFR (or equivalent) Aircraft Make/Model

A Make DOUGLAS  
B Model DC-7B  
C Other

## 23 Medical Certificate

1 ☐ None  
2 ☒ Class 1  
3 ☐ Class 2  
4 ☐ Class 3  
A Other

## 24 Medical Certificate Validity

1 ☒ Valid medical-no waivers/limitations 5 ☐ No medical certificate  
2 ☐ Valid medical-with waivers/limitations A Other  
3 ☐ Non valid medical for this flight  
4 ☐ Expired

## 25 Date of Last Medical (Nos. for D, M, Y)

10/14/93  
A Other

## 26 Medical Limitation

1 ☒ None  
2 ☐ Vision  
A Specify \_\_\_\_\_  
B Other

## 27 Medical Waiver

1 ☒ None  
2 ☐ Vision  
3 ☐ Hearing  
A Specify \_\_\_\_\_  
B Other

## 28 Statement of Demonstrated Ability

1 ☐ Yes  
2 ☒ No  
A Other

## 29 Correcting Lenses (Multiple entry)

1 ☒ Not required  
2 ☐ Required to be in possession  
3 ☐ Required, not in possession  
4 ☐ Required to be worn  
5 ☐ Required, not worn  
6 ☐ Worn at time of accident  
A Other

## 33 Source of Pilot Time

1 ☐ Pilot Log 3 ☐ FAA 5 ☐ Investigator's Estimate 7 ☐ Other Person  
2 ☐ Company 4 ☒ Pilot/Operator Report 6 ☐ Relative A Other

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FACTUAL REPORT  
AVIATION

NTSB Accident/Incident Number

| Flight Time                                                                           | A<br>All A/C | B<br>This Make<br>& Model                                                             | C<br>Airplane<br>Single<br>Engine                                                     | D<br>Airplane<br>Multi Engine                                                         | E<br>Night | F<br>Instrument<br>Actual                                                             | G<br>Simulated                                                                        | H<br>Rotorcraft | I<br>Glider | J<br>Lighter<br>Than Air | K<br>Other<br>Code |
|---------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|-------------|--------------------------|--------------------|
| 35 Total Time                                                                         |              | 1580                                                                                  |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 36 Pilot in Command (PIC)                                                             |              | 186                                                                                   |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 37 Instructor                                                                         |              |                                                                                       |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 38 This Make/Model                                                                    |              |                                                                                       |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 39 Last 90 Days                                                                       |              | 52                                                                                    |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 40 Last 30 Days                                                                       |              | 17                                                                                    |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 41 Last 24 Hours                                                                      |              |                                                                                       |                                                                                       |                                                                                       |            |                                                                                       |                                                                                       |                 |             |                          |                    |
| 42 Landings—Last 90 Days—All Aircraft—Day                                             |              |                                                                                       | 43 Landings—Last 90 Days—All Aircraft—Night                                           |                                                                                       |            | 44 Landings—Last 90 Days—This Make/Model—Day                                          |                                                                                       |                 |             |                          |                    |
| A Other <i>N/A</i>                                                                    |              |                                                                                       | A Other <i>N/A</i>                                                                    |                                                                                       |            | A Other <i>N/A</i>                                                                    |                                                                                       |                 |             |                          |                    |
| 45 Landings—Last 90 Days—This Make/Model—Night                                        |              |                                                                                       | 46 Seatbelt Available                                                                 |                                                                                       |            | 47 Seatbelt Used                                                                      |                                                                                       |                 |             |                          |                    |
| A Other <i>N/A</i>                                                                    |              |                                                                                       | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>A Other |                                                                                       |            | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>A Other |                                                                                       |                 |             |                          |                    |
| 48 Shoulder Harness Available                                                         |              | 49 Shoulder Harness Used                                                              |                                                                                       | 50 Autopsy Performed — (This Pilot)                                                   |            |                                                                                       | 51 Toxicology Performed — (This Pilot)                                                |                 |             |                          |                    |
| 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>A Other |              | 1 <input checked="" type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>A Other |                                                                                       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No<br>A Other |            |                                                                                       | 1 <input type="checkbox"/> Yes<br>2 <input checked="" type="checkbox"/> No<br>A Other |                 |             |                          |                    |