

**National Transportation Safety Board
FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

M I A 0 0 F A 0 4 1 6

Supplement E — Second Pilot Information

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)

Lewis, ELIZA LYNN.

A Other

3 Pilot Certificate No.

A Other

4 Street Address

A Other

5 City

Windham

A Other

6 State

ME

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

A Other

8 Age

18

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 10 Clergy 13 Farmer/Rancher
2 Pilot-military 5 Business 8 Police 11 Teacher 14 Retired
3 Other-military 6 Lawyer 9 Student 12 Engineer A Other

12 Certificate(s) (Multiple entry)

- 1 Student
2 Private
3 Commercial
4 Airline Transport
5 Flight Instructor
6 Flight Engineer

- 7 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 Glider

15 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 Other

19 Months Since Check/Endorsement This Aircraft

A Other

20 Biennial Flight Review

- 1 Yes
2 No
A Other

21 Months Since Last BFR

4 Months
A Other

22 BFR (or equivalent) Aircraft Make/Model

A Make CESSNA
B Model 172
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)

06 OCT. 1998
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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Supplement E — Second Pilot Information (continued)

Flight Time	A All A/C	B This Make & Model	C Airplane Single Engine	D Airplane Multi Engine	E Night	F Instrument		G Rotorcraft	H Glider	J Lighter Than Air	K Other Code
						Actual	Simulated				
35 Total Time	168	43	168		17		43				
36 Pilot in Command (PIC)	102	43	102								
37 Instructor											NA
38 This Make/Model											
39 Last 90 Days	43	43	43								
40 Last 30 Days	16	16	16								
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					
80			17			80					
A Other			A Other			A Other					
45 Landings—Last 90 Days—This Make/Model—Night			46 Seatbelt Available			47 Seatbelt Used					
17			1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other			1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 2 <input type="checkbox"/> No A Other		1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other		1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other			1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other				