

**National Transportation Safety Board  
FACTUAL REPORT  
AVIATION**

NTSB Accident/Incident Number

M I A 0 0 F A 0 4 1 A

**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)**

Alhaj, Abdulla A.M.  
A Other

**3 Pilot Certificate No.**

[REDACTED]  
A Other

**4 Street Address**

[REDACTED]  
A Other

**5 City**

DUBAI  
A Other

**6 State**

OF  
A Other

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

[REDACTED]  
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    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    7  Military  
2  Private    8  None  
3  Commercial    9  Foreign  
4  Airline Transport    A Other  
5  Flight Instructor  
6  Flight Engineer

**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**

2 Months  
A Other

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

A Make Airbus  
B Model A300  
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)**

21 October 1999  
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

National Transportation Safety Board

FACTUAL REPORT  
AVIATION

NTSB Accident/Incident Number

M I A 0 0 F A 0 4 1 A

Supplement E — Second Pilot Information (continued)

Flight Time	A	B	C	D	E	F		G	H	I	J	K
	All A/C	This Make & Model	Airplane Single Engine	Airplane Multi Engine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	Other Code	
35 Total Time	5,513											
36 Pilot in Command (PIC)												
37 Instructor												
38 This Make/Model	[REDACTED]							[REDACTED]				
39 Last 90 Days												
40 Last 30 Days												
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 UNK			A Other UNK			A Other UNK						
45 Landings—Last 90 Days—This Make/Model—Night			46 Seatbelt Available			47 Seatbelt Used						
A Other UNK			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 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				