

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

C/H/100/FA/040

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)

MOORE, BARTON A.
A Other

3 Pilot Certificate No.

[REDACTED]
A Other

4 Street Address

[REDACTED]
A Other

5 City

Hollister
A Other

6 State

MO

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

[REDACTED]
A Other

8 Age

21
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

Months
A Other

22 BFR (or equivalent) Aircraft Make/Model

A Make _____
B Model _____
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)

11/29/99
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
N/A

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 colleague

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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	465	75	695	270	150		100				
36 Pilot in Command (PIC)	890										
37 Instructor											
38 This Make/Model											
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			A Other			A Other					
45 Landings—Last 90 Days— This Make/Model—Night			46 Seatbelt Available			47 Seatbelt Used					
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					
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 checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other			1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other				