

Please Reply to:										
Richard Harder	INSURED:									
Phone: 718-775-6184										
Fax: 855-897-2700	CLAIM #:									
Email: richard.harder@aig.com										
1. EVENT DETAILS	'									
DATE:					Local	Time				
			Zone	A.M.	P.M.					
If accident occurred on approach to, or takeo	off from an airport,	I	Runway	7	Type of	f surface and cor	ndition			
or on an airport, give name of Airport		Direction Leng		ngth						
WHAT HAPPENED? Describe event & Attach extra sheet if more space is needed		g to the event,	and the	e nature	of same. Incl	lude sketch if y	ou desire.			
Ceiling	Night Clear			sibility	mi		Temperature	F.		
Elevation at site ft. Wind Direct		Velocity	knot			If gusty, max		nots		
	Thunderstorm Ha	ail Snow	Si	eet 🗌	Freezing Rai	n	onditions			
Other (Describe)	1		1	1 1	1.1	1.1 1				
If weather was involved, state if weather	briefing was obtained	or weather rep	ort en	ескеа, а	ind now accor	npiisnea.				
Mechanical Failure/Malfunction- Fill of	out only if the acciden	t involved a me	echani	cal failı	ire or malfiind	rtion For the i	nurnose of this	report a failure		
or Malfunction means any failure or malf										
the ground or collision with another object								•		
Failure Occurred In: Aircraft Struct		D			·/	<u>.</u>				
Failure Occurred In: Aircraft Struct	ure,	Propeller,	A	ccessor	ries/equipmen	Serial No.	Time since	Total time		
Name of part that failed/malfunctioned	Mai	nufacturer		]	Part Number	of part	overhaul	On part		
Did fire follow impact?										
A AIDCDAET										
2. AIRCRAFT UAV Aircraft E	. 1			т А	11 6	. 1				
	Engine make  Model			Name, Address of registered owner:						
D i - 4 4 i										
N#	lorsepower									
Serial No. S	erial No.(s)									
3. KIND OF FLYING AND PUR	RPOSE (check each	applicable i	tem)							
	Aerial Applic		ĺ							
☐ Commercial operator ☐ Pleasure/Personal										
	☐ Agricultural									
☐ Training/Instructional ☐ Other (Describe)										
I I Outer (Describe)										

4. PILOT DATA									
Name and address	Telephone No.	Business or profession							
	Age								
	rige								
	Class/type ratings	Pilot time-hours flown	Last 24	Last 90	Total				
Certificate No.	☐ Rotorcraft		hours	days	time				
☐ Single-en		Total time							
Student Airline transport Multi-eng		Instrument							
Private Flight instructor Land Commercial Lighter-than air Sea	☐ Instrument	Night							
<u> </u>	Grace	This make/model							
Medical Certificate Issued (if applicable)  Type Rati	Multi-Engine								
Date Class		Retractable Gear							
		Helicopter							
Limitations		Aerial Application							
Biennial Flight Review				_					
	Is Above Pilot Time Logged Yes No								
Date Examiner									
D. ID. CHAY.									
Date and Place of UAV training:									
					1				
5. OBSERVER (If Required)									
Name and Address:									
6. INJURIES OR DAMAGE TO OTHER	PROPERTY								
Please describe.	INOILIII								
Trease describe.									
Pilots Printed Name	Date	Pilot Signature							
	2 400	1 Hot Digitature							
This is to certify that the flight, which resulted approval.	in this event, was ma	de by the above pilot and/or	observer with	n my					
Owner's Printed Name	Date	Owner's Signature							
Owner 51 miled Ivallic	Date	Owner a dignature							