



UAV PILOT/OPERATOR REPORT FORM

Please Reply to: Richard Harder Phone: 718-775-6184 Fax: 855-897-2700 Email: richard.harder@aig.com	INSURED: CLAIM #:	
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1. EVENT DETAILS			
DATE:		Local Time	
	Zone	A.M.	P.M.
If accident occurred on approach to, or takeoff from an airport, or on an airport, give name of Airport	Runway		Type of surface and condition
	Direction	Length	

WHAT HAPPENED? Describe event & circumstances leading to the event, and the nature of same. Include sketch if you desire. Attach extra sheet if more space is needed.

<input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Ceiling	Ft; Visibility mi; Temperature F.
Elevation at site ft. Wind Direction Velocity knots Turbulence – If gusty, max gust knots	
<input type="checkbox"/> Fog <input type="checkbox"/> Haze/Smoke <input type="checkbox"/> Rain <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Icing Conditions	
<input type="checkbox"/> Other (Describe)	
If weather was involved, state if weather briefing was obtained or weather report checked, and how accomplished.	

Mechanical Failure/Malfunction- Fill out only if the accident involved a mechanical failure or malfunction. For the purpose of this report a failure or Malfunction means any failure or malfunction of the aircraft occurring under any circumstances, except when failure resulted from impact with the ground or collision with another object. (Describe below).

Failure Occurred In: <input type="checkbox"/> Aircraft Structure, <input type="checkbox"/> Engine, <input type="checkbox"/> Propeller, <input type="checkbox"/> Accessories/equipment					
Name of part that failed/malfunctioned	Manufacturer	Part Number	Serial No. of part	Time since overhaul	Total time On part
Did fire follow impact?					

2. AIRCRAFT		
UAV Aircraft	Engine make	Name, Address of registered owner:
Model	Model	
Registration N#	Horsepower	
Serial No.	Serial No.(s)	

3. KIND OF FLYING AND PURPOSE (check each applicable item)	
<input type="checkbox"/> Commercial operator <input type="checkbox"/> Pleasure/Personal <input type="checkbox"/> Training/Instructional <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Aerial Application <input type="checkbox"/> Agricultural

4. PILOT DATA							
Name and address		Telephone No.	Business or profession				
		Age					
Pilot certificate (if applicable)		Class/type ratings		Pilot time-hours flown	Last 24 hours	Last 90 days	Total time
Certificate No.		<input type="checkbox"/> Airplane	<input type="checkbox"/> Rotorcraft	Total time			
		<input type="checkbox"/> Single-engine	<input type="checkbox"/> Helicopter	Instrument			
<input type="checkbox"/> Student	<input type="checkbox"/> Airline transport	<input type="checkbox"/> Multi-engine	<input type="checkbox"/> Gyroplane	Night			
<input type="checkbox"/> Private	<input type="checkbox"/> Flight instructor	<input type="checkbox"/> Land	<input type="checkbox"/> Instrument	This make/model			
<input type="checkbox"/> Commercial	<input type="checkbox"/> Lighter-than air	<input type="checkbox"/> Sea	<input type="checkbox"/> Glider	Multi-Engine			
Medical Certificate Issued (if applicable)		Type Ratings		Retractable Gear			
Date	Class			Helicopter			
				Aerial Application			
Limitations				Is Above Pilot Time Logged Yes <input type="checkbox"/> No <input type="checkbox"/>			
Biennial Flight Review							
Date	Examiner						
Date and Place of UAV training:							

5. OBSERVER (If Required)
Name and Address:
6. INJURIES OR DAMAGE TO OTHER PROPERTY
Please describe.

Pilots Printed Name

Date

Pilot Signature

This is to certify that the flight, which resulted in this event, was made by the above pilot and/or observer with my approval.

Owner's Printed Name

Date

Owner's Signature