



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:	Zone	Local Time	
		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

