



## UAV PILOT/OPERATOR REPORT FORM

Please Reply to:

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INSURED:

CLAIM #:

### 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"/>	Ft; Visibility	mi;	Temperature	F.		
Ceiling						
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.						
<b>Mechanical Failure/Malfunction-</b> 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"/> Aerial Application |
| <input type="checkbox"/> Pleasure/Personal      | <input type="checkbox"/> Agricultural       |
| <input type="checkbox"/> Training/Instructional |   |
| <input type="checkbox"/> Other (Describe)       |   |

<b>4. PILOT DATA</b>									
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 <input type="checkbox"/> Single-engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Multi-engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Land <input type="checkbox"/> Instrument <input type="checkbox"/> Sea <input type="checkbox"/> Glider			Total time			
<input type="checkbox"/> Student <input type="checkbox"/> Airline transport <input type="checkbox"/> Private <input type="checkbox"/> Flight instructor <input type="checkbox"/> Commercial <input type="checkbox"/> Lighter-than air						Instrument			
						Night			
						This make/model			
Medical Certificate Issued (if applicable)			Type Ratings			Multi-Engine			
Date		Class				Retractable Gear			
						Helicopter			
Limitations						Aerial Application			
Biennial Flight Review						Is Above Pilot Time Logged    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date		Examiner							
Date and Place of UAV training:									

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

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