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.

☐ Dawn ☐ Daylight ☐ Dusk ☐ Night ☐ Clear ☐ Ceiling Ft; Visibility mi; Temperature F.

Elevation at site ft. Wind Direction Velocity knots Turbulence – If gusty, max gust knots

☐ Fog ☐ Haze/Smoke ☐ Rain ☐ Thunderstorm ☐ Hail ☐ Snow ☐ Sleet ☐ Freezing Rain ☐ Icing Conditions

☐ 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: ☐ Aircraft Structure, ☐ Engine, ☐ Propeller, ☐ 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)

☐ Commercial operator
☐ Pleasure/Personal
☐ Training/Instructional
☐ Other (Describe)
☐ Aerial Application
☐ 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.	☐ Airplane ☐ Rotorcraft ☐ Single-engine ☐ Helicopter	Total time			
☐ Student ☐ Airline transport ☐ Private ☐ Flight instructor ☐ Commercial ☐ Lighter-than air	☐ Multi-engine ☐ Gyroplane ☐ Land ☐ Instrument ☐ Sea ☐ Glider	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

Date Examiner

Is Above Pilot Time Logged Yes ☐ No ☐

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