

**REPORT OF ACCIDENT – AIRCRAFT ACCIDENT**

Complete at once and return to USAIG:

Or FAX to:

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Flight: \_\_\_\_\_

Date of Accident or Loss: \_\_\_\_\_ Hour of Day: \_\_\_\_\_ M.

**Aircraft and Pilot**

Aircraft Make & Model: \_\_\_\_\_ Registration #: \_\_\_\_\_

Name of Pilot: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Pilot's Certificate Type: \_\_\_\_\_ Rating: \_\_\_\_\_

**Location of Accident**

Place: \_\_\_\_\_

Weather: \_\_\_\_\_

**Description of Accident**

Tell how the accident happened, noting what you saw or heard. Use back of form for additional information and accident diagram.

**Witnesses**

Names and addresses of all witnesses including persons who inspected place of accident.

**Injured Person**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Passenger  Public  Employer or Occupation: \_\_\_\_\_

Was medical aid rendered? Yes  No  Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Taken to home or hospital? Home  Hospital  Present Contact: \_\_\_\_\_

Nature and extent of injury? \_\_\_\_\_

Statement of injured, if any (if written, attach copy.)

**Property Damage**

Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Value of property damaged: \$ \_\_\_\_\_ Estimated cost to repair or replace: \$ \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Description of Property and nature and extent of damage.

**FRAUD WARNING (Required by Applicable State Regulation or Other Law)**

**Notice to Residents of all states except Colorado, New York, and Pennsylvania:**

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**Notice to Colorado Residents:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**Notice to New York Residents:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Pennsylvania Residents:**

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**Important Note**

Do not discuss accident with anyone except authorized USAIG representatives or the proper government and police authorities.

Signed (Insured) \_\_\_\_\_

Date: \_\_\_\_\_ Signed (Pilot) \_\_\_\_\_