

REPORT OF ACCIDENT – AIRCRAFT ACCIDENT

Complete at once and return to USAIG (select office at <https://www.usau.com/contact/>)

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: _____ Student Instructor

Telephone: _____ Cellular: _____ Email: _____

Address: _____

Pilot's Certificate Type: _____ Rating: _____

Location of Accident

Place: _____

Weather: _____ VFR IFR

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 California, 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 California Residents:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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) _____