

AIRCRAFT INCIDENT / ACCIDENT STATEMENT

SECTION 1—AIRCRAFT OWNERSHIP/OPERATION:

Location Code:

OWNER OF AIRCRAFT:
ADDRESS:
PHONE:
FAX:
EMAIL:

OPERATOR OF AIRCRAFT (IF DIFFERENT FROM OWNER):
ADDRESS:
PHONE:
FAX:
EMAIL:

LIEN HOLDER (IF ANY):
ADDRESS:
PHONE:
FAX:

SECTION 2—DESCRIPTION OF INCIDENT/ACCIDENT:

DATE AND TIME OF ACCIDENT:	
LOCATION OF ACCIDENT:	
CURRENT LOCATION OF AIRCRAFT:	
UNDER WHAT FAA REGULATION WAS THE AIRCRAFT BEING OPERATED (PART 41/61/91/135/121/125/ETC):	
THE PURPOSE OF THE FLIGHT:	

WHAT HAPPENED?

DESCRIBE THE EVENTS AND CIRCUMSTANCES INVOLVED WITH THE ACCIDENT IN AS MUCH DETAIL AS POSSIBLE. INCLUDE COPIES OF ALL STATEMENTS GIVEN TO THE NTSB, FAA, POLICE, ETC. USE EXTRA SHEETS OF PAPER IF NECESSARY AND INCLUDE PHOTOS AND/OR DIAGRAMS RELATED TO THE ACCIDENT.

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SECTION 3—INJURIES TO PASSENGERS:
 (LIST ALL PASSENGERS AND INJURIES—IF ANY)

NAME/ADDRESS/PHONE NUMBER	INJURIES:

SECTION 4—INDICATE ANY NON-PASSENGER INJURIES OR PROPERTY DAMAGES AS A
 RESULT OF THE ACCIDENT:

NAME/ADDRESS/PHONE NUMBER	NATURE AND EXTENT OF INJURY AND/OR DAMAGE

SECTION 5—PILOT INFORMATION:

	PILOT IN COMMAND	CO-PILOT
NAME		
ADDRESS		
PHONE		
DATE OF BIRTH		
EMPLOYER		
SEAT POSITION DURING ACCIDENT		
PILOT CERTIFICATE TYPE (STU/PVT/CML/ATP)		
RATINGS (SEL.MEL/IFR/ETC)		
TYPE RATINGS HELD		
CLASS/DATE OF MEDICAL		
TOTAL PIC TIME		
TOTAL PIC MEL/TP/JET		
TOTAL PIC MAKE & MODEL		
TOTAL PIC MAKE 7 MODEL LAST 12 MONTHS		
TOTAL PIC MAKE & MODEL LAST 90/30 DAYS		
DATE LAST REQ CHECK RIDE (BIANNUAL/PART 135/ETC)		
WHO GAVE & WHERE WAS LAST CHECK RIDE		
DATE LAST CHECK RIDE IN MAKE & MODEL		
DATE/LOCATION OF MFG APPROVED GRD/FLT TRAINING (MAKE/MODEL A/C)		
LIST ANY PREVIOUS ACCIDENTS OR VIOLATIONS		

PLEASE ATTACH A PHOTOCOPY OF YOUR AIRMAN'S CERTIFICATE, LAST MEDICAL AND LAST PAGE OF YOUR PERSONAL LOGBOOK SHOWING A SUMMARY OF YOUR TOTAL FLIGHT EXPERIENCE INCLUDING YOUR LAST CHECK RIDE.

SECTION 6—AIRCRAFT INFORMATION:

AIRCRAFT YEAR MAKE & MODEL	
REGISTRATION NUMBER	
SERIAL NUMBER	
AIRFRAME TIME ON DATE OF ACCIDENT	
ENGINE TIME ON DATE OF ACCIDENT (L)	
ENGINE TIME ON DATE OF ACCIDENT (R)	
WHO REGULARLY MAINTAINS AICRAFT (INHOUSE/INDIVIDUAL/FBO/ETC)	
UNDER WHAT FAA REGULATION IS THE AIRCRAFT MAINTAINED (91/135/121/125 ETC)	
TYPE OF MAINTENANCE PROGRAM (MFG/AAIP/ANNUAL/ETC)	

WHEN WAS THE LAST REQUIRED INSPECTION COMPLETED (DATE & A/F TIME) (ANNUAL/100HRS/ETC)	
AIRFRAME	
LEFT ENGINE	
RIGHT ENGINE	
WHO PERFORMED:	

ENGINE (S) MAKE & MODEL	
ENGINE SERIAL NUMBER (L)	
ENGINE SERIAL NUMBER (R)	

ENGINE TIME			
(L) TSN		(R) TSN	
(L) TSOH		(R) TSOG	
(L) TBO		(R) TBO	
(L) TSHSI		(R) TSHSI	

MAKE & MODEL PROPELLER (S)		
PROPELLER SERIAL NUMBER (L)		
PROPELLER SERIAL NUMBER (R)		
PROPELLER TIME	(L) TSOH	(R) TSOH

HAS THIS AIRCRAFT EVER BEEN DAMAGED PRIOR TO THIS ACCIDENT? IF SO, WHEN AND WHAT WAS THE EXTENT OF THE DAMAGE?	
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PLEASE ENCLOSE COPIES OF MAINTENANCE LOGBOOK ENTRIES FROM YOUR LAST TWO INSPECTIONS FOR AIRFRAME/ENGINES AND PROPS IF APPLICABLE.

SECTION 7—VANDALISM OR THEFT CLAIMS

WHERE WAS YOUR AIRCRAFT WHEN THE THEFT AND/OR VANDALISM OCCURRED?

WHO SECURED THE AICRAFT?

WHEN WAS THE LAST TIME YOU SAW YOUR AIRCRAFT OR MISSING EQUIPMENT?

WHEN WAS YOUR AIRCRAFT AND/OR EQUIPMENT TAKEN OR VANDALIZED?

PLEASE PROVIDE THE FOLLOWING FOR ALL THEFTS OR VANDALISM LOSSES:

- A COPY OF THE POLICE REPORT THAT WAS FILED (MANDATORY IN ORDER TO ESTABLISH A NCIC NUMBER)
- A LIST OF THE EQUIPMENT TAKEN WITH SERIAL NUMBERS
- ORIGINAL INVOICES OF EQUIPMENT OR AN AIRCRAFT EQUIPMENT LIST
- INVOICES FOR REPLACEMENT EQUIPMENT

SECTION 8—CERTIFICATION OF STATEMENT:

DATE INCIDENT/ACCIDENT STATEMENT WAS COMPLETED:	
SIGNATURE OF PERSON COMPLETING FORM:	
SIGNATURE OF AIRCRAFT OWNER:	
SIGNATURE OF AIRCRAFT OPERATOR (IF DIFFERENT FROM OWNER) :	