

PILOT/OPERATOR REPORT FORM

Please reply to _____ office. File No. _____

1. Event Details					
Date:	Local Time				
City (nearest) and State:	Zone	AM <input type="checkbox"/>	PM <input type="checkbox"/>		
If event occurred on and approach to, or takeoff from an airport or on an airport, give name of Airport:	Runway				
	Direction	Length (ft)	Type of Surface and Condition		
What happened? Describe event and circumstances leading to the event, and the nature of same. Include a sketch if you desire. Attach extra sheet if more space is needed. If on a cross-country flight, state point and time of departure and intended destination.					
<input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Ceiling ft. Visibility Mi. Temperature F.					
Elevation of site ft. Wind direction Velocity kts. Turbulence-If gusty, maximum gusts ktts.					
<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)					
Was a flight plan filed? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/ON TOP <input type="checkbox"/> FLIGHT FOLLOWING SERVICE 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 event involved a mechanical failure or malfunction. For the purpose of the 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 Failure/Malfunction below.					
Failure/Malfunction Occurred In: <input type="checkbox"/> Aircraft Structure <input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Accessories/equipment.					
Name part that Failed/Malfunctioned	Manufacturer	Part Number	Serial Number Of Part	Time Since Overhaul	Total Time on Part
Did fire follow impact? <input type="checkbox"/> No <input type="checkbox"/> Yes					
2.KIND OF FLYING AND PURPOSE (Check Each Applicable Item)					
<input type="checkbox"/> Commercial Operator		<input type="checkbox"/> Instructional		<input type="checkbox"/> Local	
<input type="checkbox"/> Cross-Country		If so, <input type="checkbox"/> Solo <input type="checkbox"/> Dual		<input type="checkbox"/> Pleasure Personal Transportation	
<input type="checkbox"/> Business Transportation		<input type="checkbox"/> Air Taxi/Charter		<input type="checkbox"/> Aerial Application/Agricultural	
<input type="checkbox"/> Other (describe):					

3. AIRCRAFT			
Aircraft Make:		Engine Make:	Name and address of Owner:
Model:		Model:	Airworthiness Inspections: Date
Registration#:		Horsepower:	<input type="checkbox"/> Periodic/Annual
Serial#:		Serial#:	<input type="checkbox"/> 100Hour:
Describe Aircraft Damage:	Est. Cost Repairs: \$	<input type="checkbox"/> Progressive Operational time since last inspection	Time
		Total Time of Aircraft	
ENGINES			
Total Time:	Left	<input type="checkbox"/> Since New <input type="checkbox"/> Remain <input type="checkbox"/> Overhaul	
	Right	<input type="checkbox"/> Since New <input type="checkbox"/> Remain <input type="checkbox"/> Overhaul	
Present Location of Aircraft:			

4. Pilot Data					
Name and Address:		Telephone#:	Business or profession:		
		Age:			
Pilot Certificate:	Class/Type Ratings:	Pilot Time-hrs Flown	Last 24 Hrs.	Last 90 Days	Total Time
Certificate #:	<input type="checkbox"/> Airplane <input type="checkbox"/> Rotorcraft	Total Time			
<input type="checkbox"/> Student	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Single Engine	<input type="checkbox"/> Helicopter	Instrument	
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Multi-engine	<input type="checkbox"/> Gyroplane	Night	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Lighter-than air	<input type="checkbox"/> Land	<input type="checkbox"/> Instrument	This make/model	
Medical Certificate Issued		<input type="checkbox"/> Sea	Multi-Engine		
Date	Class	Type of Ratings (s)	Retractable Gear		
			Helicopter		

5. List of Occupants									
Name and Address (Indicate injuries to pilot, other occupants and persons on the ground)	Total Persons ABOARD	Degree of Injury							
		Crew	Passenger	Non Occupant	Fatal	Serious	Minor	None	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pilot's Signature		Date	Owner's Signature		Date				
This is to certify that the flight, which resulted in this event, was made by the above pilot with my approval.									
Name of Insured's Signature						Date			
This is to certify that the flight, which resulted in this event, was made by the above student pilot while under my direct Control and Supervision as a Licensed Certified Flight Instructor.									
CFI's Signature		CFI Number		Date					