

# REPORT OF ACCIDENT - AIRCRAFT ACCIDENT

Please fill out and return promptly to Northwest Insurance Group, Inc., 3301 NE Cornell Road, Suite R, Hillsboro, OR 97124  
Phone: 800-693-7053 Fax: 503-640-6202

Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_  
Purpose of Flight \_\_\_\_\_  
Date of Accident or Loss \_\_\_\_\_ Hour of Day \_\_\_\_\_ M.

**Aircraft and Pilot**  
Aircraft: Make \_\_\_\_\_ N. # \_\_\_\_\_  
Name of Pilot \_\_\_\_\_  Student  
Address \_\_\_\_\_  Renter  
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 on 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 \_\_\_\_\_ Where \_\_\_\_\_ By Whom \_\_\_\_\_  
Taken to home or 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 \$ \_\_\_\_\_ Est. to repair or replace \$ \_\_\_\_\_  
Description of property and nature and extent of damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Note**  
Do not discuss accident with anyone except authorized insurance company representatives or the proper government and police authorities.

Date \_\_\_\_\_ 20 \_\_\_\_\_ Signed (Assured) \_\_\_\_\_  
Signed (Pilot) \_\_\_\_\_