



AIRCRAFT ACCIDENT REPORT

Pursuant to C.G.S. § 15-104, the operator of any aircraft involved in an accident within the State of Connecticut in which (1) any person is killed or injured or (2) damage in excess of one thousand dollars is sustained to the property of any person, other than property owned or controlled by the owner or operator, must complete and submit the following report to the executive director of the Connecticut Airport Authority within fourteen (14) calendar days of the accident. If the operator is physically incapable of making the report, the owner of the aircraft involved in the accident shall complete and submit the report within fourteen (14) calendar days of learning about the accident. If neither the operator nor the owner is physically capable of making the report, then each passenger shall, within ten (10) days after learning of the incapacity of the operator or owner, make the report. If the owner or operator dies as a result of the accident, the legal representative of the operator or owner shall make the report within ten (10) days after such representative's qualification.

Pursuant to C.G.S. § 15-115, any owner or operator who knowingly refuses or fails to make an accident report as required by C.G.S. § 15-104 shall be fined up to one hundred dollars (\$100). If the accident resulted in injuries or fatalities, the operating privileges of the person failing to make the report will be suspended. *It is a class C misdemeanor to make a false statement or representation of a material fact in this report.*

1. NAME (*First, Middle Initial, Last*):
2. PERMANENT MAILING ADDRESS (*Street, City, State, Zip Code*):

TELEPHONE NUMBER: ()

EMAIL ADDRESS:

3. AIRPORT(S) INVOLVED:
4. AIRCRAFT MAKE AND MODEL:

IDENTIFICATION MARK:

OWNER (*Name and Address*):

WHILE BEING OPERATED BY THE FOLLOWING PILOTS:

NAME	ADDRESS	CERTIFICATE NUMBER & RATING

WHILE BEING FLOWN WITH THE FOLLOWING PASSENGERS (*Add Additional Sheets As Needed*):

NAME	ADDRESS

5. DESCRIPTION OF ACCIDENT:

6. DESCRIPTION OF INJURIES OR NUMBER OF FATALITIES:

7. DESCRIPTION OF PROPERTY DAMAGE:

8. DESCRIPTION OF ACTIVE AIRCRAFT LIABILITY POLICY OR BOND OR OTHER RELEVANT INSURANCE OR BOND (*Please Attach Copy Of Active Declarations Documentation*):

9. DESCRIPTION OF ANY AUTHORIZED SELF-INSURANCE:

10. HAS THE OWNER/OPERATOR BEEN:
RELEASED FROM LIABILITY?:
BEEN ADJUDICATED NOT TO BE LIABLE BY JUDGMENT?:
EXECUTED A WRITTEN AGREEMENT WITH ALL CLAIMANTS PROVIDING FOR PAYMENT OF AN AGREED AMOUNT WITH RESPECT TO ALL CLAIMS FOR INJURIES OR DAMAGES RESULTING FROM THE ACCIDENT?:



I CERTIFY that the foregoing statements are true:

_____ By _____
(Date) (Signature of Owner/Operator)