



Balloon Agency Accident Report Form

Phone 1-800-78-Fly-Me (800-783-5963)
Fax 952-746-4858

Insured _____ Policy # _____
 Address _____
 Telephone Days: _____ Nights: _____
 Balloon Make: _____ Model: _____ N#: _____ Total Hrs Logged: _____
 Type of Airworthiness Certificate: _____
 Pilot in command at time of incident: _____
 Address: _____
 Particulars of License: _____ Total balloon hours logged as PIC: _____
 Telephone Days: _____ Nights: _____
 Was there a Co-Pilot or instructor in the flight at the time of the incident? _____
 Name: _____
 Address: _____
 Particulars of License: _____
 Telephone Days: _____ Nights: _____
 Type of flight (pleasure, paid rides, tether, advertising, etc.) _____

Accident Details
 Date: _____ Time: _____ Place of Accident (Be Specific) _____

 Weather conditions at start of flight, including wind speeds:

 Weather conditions at time of incident, including wind speeds:

 Name and address of all witnesses:

 Explain fully how accident occurred:

Were Police or other officials present at the scene? _____

Give Details: _____

Details of Balloon Damage: _____

Have you obtained an estimate for repairs?: _____ If so, attach it to this form. If verbal, state how much and from whom, including name of Repair Station, Area Code & Phone # _____

Where can Balloon be inspected? _____

Was there damage to other people's property? _____ Give details, including name, address, area code and Phone # _____

Were any other persons hurt? _____

Has notice of claim been given to you by any third party? _____

Comments:

Date: _____ Insured's Signature: _____

Return this form as soon as possible to IMC Balloon Agency, Inc., 5001 American Blvd. West, Suite 770, Bloomington, MN 55437 (fax # 952 / 746-4853) If the incident involves major damage to the balloon or other people's property, or if there are injuries to passengers or bystanders, call our office with details immediately at 1-800-783-5963, then complete this form, return by email, fax or postal mail.