Michigan Department Of Transportation 4077 (02/17)

STATE OF MICHIGAN AIRCRAFT ACCIDENT REPORT

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FORWARD COPY TO: Michigan Department of Transportation,

Office of Aeronautics, 2700 Port Lansing Road, Lansing, Michigan 48906.

			DE	PARTMENT					
COMPLAINT NO.		FILE CLASS			DAT	DATE		TIME	
AIRCRAFT									
MAKE AND MODEL	FAA REGISTRATION NO.			STA	TE REG. DEC	EXPIRES - YEAR			
NAME OF REGISTERED OWN							HOME PHONE		
ADDRESS								BUSINESS PHONE	
PILOT AT CONTROLS									
NAME		ADDRESS							
DATE OF BIRTH	CERTIFICATES Student Recreational		Private Commercial Instrument CFI ATP Military						
CERTIFICATE NO. FAA MEDICAL CLA		\$S/DATE		PILOT EXPERIENCE					
		Total Hours:				Hours	own:		
			ACCID	ENT LOCATION					
COUNTY	CITY OR VILLAGE	TOWNSHIP		SECT	FION NO.		OTHER		
On Off AIRPORT PROPERTY		DISTANCE AND DIRECTION FROM NEAREST INTERSECTION							
NAME OF AIRPORT	ADDRESS								
NAME OF PROPERTY OWNER		ADDRESS							
NATURE OF FLIGHT		WEATHER							
BUSINESS CROP DUSTING PLEASURE AIRLINE INSTRUCTION MILITARY OTHER		CLEAR FOG RAIN DUSK THUNDERSTORM DAWN SNOW			NIGHT DAY OTHER				
			PHASE	OF OPERATION	N				
PARKED TAXI	TAKE OFF CLIMB		CRUISE HOVER		APPROACH LANDING		MANEUVERING UNDETERMINED		
OTHER AIRCRAFT (Involved)									
MAKE AND MODEL	WNER			ADDRESS OF OWNER					
	1			INJURED					
NAME		ADD	RESS		AGE	SEX	FATAL	HOSPITAL (Taken To)	

WITNESSES (Including Passengers)							
NAME	ADDRESS	PHONE					
AIRCRAFT DAMAGE (Describe)							
	REMARKS (Describe What Happened)						
SIGNATURE OF INVESTIGATOR		DATE					