

Claim Number:

LOSS STATEMENT

1) YOUR INFORMATION

Name: THOMAS E. RIPPEE Occupation: RETIRED
Street Address: [REDACTED] SALEM, IL 62881
Driver's License # and State: [REDACTED] Date of Birth: [REDACTED] 41
Home Phone No.: [REDACTED] Work Phone No.: [REDACTED]
Pilot Certificate No.: [REDACTED] Date Issued: 6 APR 2012
License: Student ☐ Private ☐ Comm. ☐ ATP ☐ CFI ☐ CFII ☐ CFIME ☐
Ratings: Airplane ☒ SEL ☒ MEL ☐ Sea ☒ Inst. ☐ Helicopter/Rotorcraft ☐
Medical Cert. Date: 02/06/17 Class: THIRD
Limitations: GLASSES
BFR Date: MAY 19 2017
Flight Experience: Total Time: 2799
Total Category: [REDACTED] Total Class: [REDACTED] Total Make & Model: 842
Last 12 Months: [REDACTED] Last 90 Days: [REDACTED]

2) AIRCRAFT INFORMATION

N# 2861K Year 1947 Make LUSCOMBE Model 8A
Date Last Annual 8/1/16 Time Since Annual 12.79
Tach Time Now 740.44 100 Hr Inspection [REDACTED]
Name & Address Registered Owner TOM RIPPEE [REDACTED]
SALEM, IL 62881
Current Location of Aircraft [REDACTED]

3) ACCIDENT/LOSS INFORMATION

Date 8/21/17 Time 1:45 Location [REDACTED]
If at an airport, name of airport PERRYVILLE (KPCD)
Type of Loss: In Flight Loss ☐ Ground Loss ☒
Aircraft use if IN FLIGHT: Pleasure/Personal ☒ Business ☐ Instructional ☐ Commercial ☐

4) DESCRIBE EVENTS AND CIRCUMSTANCES THAT LED TO THE ACCIDENT OR LOSS, AND THE NATURE OF THE ACCIDENT OR LOSS. Include a sketch if appropriate. Attach additional sheets if more space is needed.

N2861K
I TOM RIPPEE LOST CONTROL OF MY 1947 LUSCOMBE
ON TAKEOFF AT ABOUT 1:45 ON 8/21/17 AT KPCD AIRPORT
KPCD

(see page two for additional information)

Signature:

A solid black rectangular box used to redact the signature.

Date:

9/5/17