

DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.

NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME Area _____ No. _____ Hours _____

WORK Area _____ No. _____ Hours _____

NAME _____

ADDRESS/PO BOX _____

CITY _____ **STATE** _____ **ZIP** _____

TYPE OF EVENT/SITUATION _____

DATE OF OCCURRENCE _____
 (MM/DD/YYYY)

LOCAL TIME (24 hr. clock) _____
 (HH:MM)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

| REPORTER | | FLYING TIME (in hours) | | CERTIFICATES & RATINGS | | ATC EXPERIENCE | |
|---|--|--|---|--|--|---|---------------------------------|
| <input type="checkbox"/> Captain | <input type="checkbox"/> Single Pilot | Total Time _____ hrs | <input type="checkbox"/> Student | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> FPL | <input type="checkbox"/> Developmental | |
| <input type="checkbox"/> First Officer | <input type="checkbox"/> Instructor | Last 90 Days _____ hrs | <input type="checkbox"/> Sport/Rec | <input type="checkbox"/> Multiengine | radar _____ yrs | | |
| <input type="checkbox"/> pilot flying | <input type="checkbox"/> Trainee | Time in Type _____ hrs | <input type="checkbox"/> Private | <input type="checkbox"/> Instrument | non-radar _____ yrs | | |
| <input type="checkbox"/> pilot not flying | <input type="checkbox"/> Dispatcher: _____ yrs | | <input type="checkbox"/> Commercial | <input type="checkbox"/> Flight Engineer | supervisory _____ yrs | | |
| <input type="checkbox"/> relief pilot | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> ATP | <input type="checkbox"/> Other: _____ | military _____ yrs | | |
| <input type="checkbox"/> check airman | | | | | | | |
| AIRSPACE | | CONDITIONS / WEATHER ELEMENTS | | LIGHT / VISIBILITY | | ATC / ADVISORY SVC. | |
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class E | <input type="checkbox"/> VMC | <input type="checkbox"/> fog | <input type="checkbox"/> snow | <input type="checkbox"/> dawn | <input type="checkbox"/> night | <input type="checkbox"/> Ramp |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Class G | <input type="checkbox"/> IMC | <input type="checkbox"/> hail | <input type="checkbox"/> thunderstorm | <input type="checkbox"/> daylight | <input type="checkbox"/> dusk | <input type="checkbox"/> Center |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Special Use | <input type="checkbox"/> Mixed | <input type="checkbox"/> haze/smoke | <input type="checkbox"/> turbulence | Ceiling _____ feet | | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Class D | <input type="checkbox"/> TFR | <input type="checkbox"/> Marginal | <input type="checkbox"/> icing | <input type="checkbox"/> windshear | Visibility _____ miles | | <input type="checkbox"/> FSS |
| | | | <input type="checkbox"/> rain | <input type="checkbox"/> other: _____ | RVR _____ feet | | <input type="checkbox"/> Tower |
| | | | | | | | <input type="checkbox"/> UNICOM |
| | | | | | | | <input type="checkbox"/> TRACON |
| | | | | | | | <input type="checkbox"/> CTAF |
| | | | | | | | ATC Facility Name: _____ |
| AIRCRAFT 1 | | | | AIRCRAFT 2 | | | |
| Your Aircraft Type (Make/Model) (e.g. B737) NOT "N #", Flt #, etc.: _____ | | Operating FAR Part: _____ | | Other Aircraft: _____ | | Operating FAR Part: _____ | |
| Operator | <input type="checkbox"/> air carrier <input type="checkbox"/> air taxi <input type="checkbox"/> corporate | <input type="checkbox"/> fractional <input type="checkbox"/> FBO <input type="checkbox"/> government | <input type="checkbox"/> military <input type="checkbox"/> personal <input type="checkbox"/> other: _____ | <input type="checkbox"/> air carrier <input type="checkbox"/> air taxi <input type="checkbox"/> corporate | <input type="checkbox"/> fractional <input type="checkbox"/> FBO <input type="checkbox"/> government | <input type="checkbox"/> military <input type="checkbox"/> personal <input type="checkbox"/> other: _____ | |
| Mission | <input type="checkbox"/> passenger <input type="checkbox"/> personal | <input type="checkbox"/> cargo/freight <input type="checkbox"/> training | <input type="checkbox"/> ferry <input type="checkbox"/> other: _____ | <input type="checkbox"/> passenger <input type="checkbox"/> personal | <input type="checkbox"/> cargo/freight <input type="checkbox"/> training | <input type="checkbox"/> ferry <input type="checkbox"/> other: _____ | |
| Flight Plan | <input type="checkbox"/> VFR <input type="checkbox"/> IFR | <input type="checkbox"/> SVFR <input type="checkbox"/> DVFR | <input type="checkbox"/> none | <input type="checkbox"/> VFR <input type="checkbox"/> IFR | <input type="checkbox"/> SVFR <input type="checkbox"/> DVFR | <input type="checkbox"/> none | |
| Flight Phase | <input type="checkbox"/> taxi <input type="checkbox"/> parked <input type="checkbox"/> takeoff <input type="checkbox"/> initial climb | <input type="checkbox"/> climb <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> initial approach | <input type="checkbox"/> final approach <input type="checkbox"/> missed/GAR <input type="checkbox"/> landing <input type="checkbox"/> other: _____ | <input type="checkbox"/> taxi <input type="checkbox"/> parked <input type="checkbox"/> takeoff <input type="checkbox"/> initial climb | <input type="checkbox"/> climb <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> initial approach | <input type="checkbox"/> final approach <input type="checkbox"/> missed/GAR <input type="checkbox"/> landing <input type="checkbox"/> other: _____ | |
| Route in Use | <input type="checkbox"/> airway (ID): _____ <input type="checkbox"/> direct <input type="checkbox"/> SID (ID): _____ | <input type="checkbox"/> STAR (ID): _____ <input type="checkbox"/> oceanic <input type="checkbox"/> vectors | <input type="checkbox"/> visual approach <input type="checkbox"/> none <input type="checkbox"/> other: _____ | <input type="checkbox"/> airway (ID): _____ <input type="checkbox"/> direct <input type="checkbox"/> SID (ID): _____ | <input type="checkbox"/> STAR (ID): _____ <input type="checkbox"/> oceanic <input type="checkbox"/> vectors | <input type="checkbox"/> visual approach <input type="checkbox"/> none <input type="checkbox"/> other: _____ | |
| If more than two aircraft were involved, please describe the additional aircraft in the "Describe Event/Situation" section. | | | | | | | |
| LOCATION | | | | CONFLICTS | | | |
| Altitude: _____ (single value) <input type="checkbox"/> MSL <input type="checkbox"/> AGL | | | | Estimated miss distance in feet: horiz _____ vert _____ | | | |
| Distance: _____ and/or Radial (bearing): _____ from: | | | | Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Airport _____ <input type="checkbox"/> ATC Fac _____ | | | | Was TCAS a factor? <input type="checkbox"/> TA <input type="checkbox"/> RA <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Intersection _____ <input type="checkbox"/> NAVAID _____ | | | | Did terrain warning system activate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46E and FAA Handbook 7210.3. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this form as completely as possible, enclose in a sealed envelope, affix proper postage, and send it directly to us.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

NOTE: AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830.5 (49CFR830.5).

AVIATION SAFETY REPORTING SYSTEM

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

Thank you for your contribution to aviation safety.

If you want to mail this form, please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM
POST OFFICE BOX 189
MOFFETT FIELD, CALIFORNIA 94035-0189

DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance

DESCRIBE EVENT/SITUATION, continued...

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- How the problem arose
- How it was discovered
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