

AIR TRAFFIC INCIDENT REPORT FORM

For use when submitting and receiving reports on air traffic incidents. In an initial report by radio, shaded items should be included.

A- AIRCRAFT IDENTIFICATION	B- TYPE OF INCIDENT AIRPROX/OBSTRUCTION ON RUNWAY/RUNWAY INCURSION/ PROCEDURE / FACILITY*
C- THE INCIDENT	
1. General	
a) Date / time of incident _____ UTC b) Position _____	
2. Own aircraft	
a) Heading and route _____ b) True airspeed _____ measured in () kt - () km/h c) Level and altimeter setting _____ d) Aircraft climbing or descending () Level flight () Climbing () Descending e) Aircraft bank angle () Wings level () Slight bank () Moderate bank () Steep bank () Inverted () Unknown f) Aircraft direction of bank () Left () Right () Unknown g) Restrictions to visibility (select as many as required) () Sunglare () Windscreen pillar () Dirty windscreen () Other cockpit structure () None h) Use of aircraft lighting (select as many as required) () Navigation lights () Strobe lights () Cabin lights () Red anti-collision lights () Landing / taxi lights () Logo (tail fin) lights () Other () None i) Traffic avoidance advice issued by ATS () Yes, based on radar () Yes, based on visual sighting () Yes, based on other information () No j) Traffic information issued () Yes, based on radar () Yes, based on visual sighting () Yes, based on other information () No k) Airborne collision avoidance system — ACAS () Not carried () Type () Traffic advisory issued () Resolution advisory issued () Traffic advisory or resolution advisory not issued	

* Delete as appropriate

l) Radar identification		
<input type="checkbox"/> No radar available	<input type="checkbox"/> Radar identification	<input type="checkbox"/> No radar identification
m) Other aircraft sighted		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Wrong aircraft sighted
n) Avoiding action taken		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o) Type of flight plan	IFR / VFR / none*	
3. Other aircraft		
a) Type and call sign / registration (if known) _____		
b) If a) above not known, describe below		
<input type="checkbox"/> High wing	<input type="checkbox"/> Mid wing	<input type="checkbox"/> Low wing
<input type="checkbox"/> Rotorcraft		
<input type="checkbox"/> 1 engine	<input type="checkbox"/> 2 engines	<input type="checkbox"/> 3 engines
<input type="checkbox"/> 4 engines	<input type="checkbox"/> More than 4 engines	
Marking, colour or other available details		

c) Aircraft climbing or descending		
<input type="checkbox"/> Level flight	<input type="checkbox"/> Climbing	<input type="checkbox"/> Descending
<input type="checkbox"/> Unknown		
d) Aircraft bank angle		
<input type="checkbox"/> Wings level	<input type="checkbox"/> Slight bank	<input type="checkbox"/> Moderate bank
<input type="checkbox"/> Steep bank	<input type="checkbox"/> Inverted	<input type="checkbox"/> Unknown
e) Aircraft direction of bank		
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Unknown
f) Lights displayed		
<input type="checkbox"/> Navigation lights	<input type="checkbox"/> Strobe lights	<input type="checkbox"/> Cabin lights
<input type="checkbox"/> Red anti-collision lights	<input type="checkbox"/> Landing / taxi lights	<input type="checkbox"/> Logo (tail fin) lights
<input type="checkbox"/> Other	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
g) Traffic avoidance advice issued by ATS		
<input type="checkbox"/> Yes, based on radar	<input type="checkbox"/> Yes, based on visual sighting	<input type="checkbox"/> Yes, based on other information
<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
h) Traffic information issued		
<input type="checkbox"/> Yes, based on radar	<input type="checkbox"/> Yes, based on visual sighting	<input type="checkbox"/> Yes, based on other information
<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
i) Avoiding action taken		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

* Delete as appropriate

4. Distance

- a) Closest horizontal distance _____
- b) Closest vertical distance _____

5. Flight weather conditions

- a) IMC / VMC *
- b) Above / below* clouds / fog / haze or between layers *
- c) Distance vertically from cloudm / ft* below m / ft* above
- d) In cloud / rain / snow / sleet / fog / haze *
- e) Flying into / out of* sun
- f) Flight visibility m / km *

6. Any other information considered important by the pilot-in-command

D- MISCELLANEOUS

- 1. Information regarding reporting aircraft _____
 - a) Aircraft registration _____
 - b) Aircraft type _____
 - c) Operator _____
 - d) Aerodrome of departure _____
 - e) Aerodrome of first landing _____ destination _____
 - f) Reported by radio or other means to _____ (name of ATS unit) at time _____ UTC
 - g) Date / time / place of completion of form _____

2. Function, address and signature of person submitting report

- a) Function _____
- b) Address _____
- c) Signature _____
- d) Telephone number _____

3. Function and signature of person receiving report

- a) Function _____
- b) Signature _____

* Delete as appropriate

E- SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERNED

1. Receipt of report

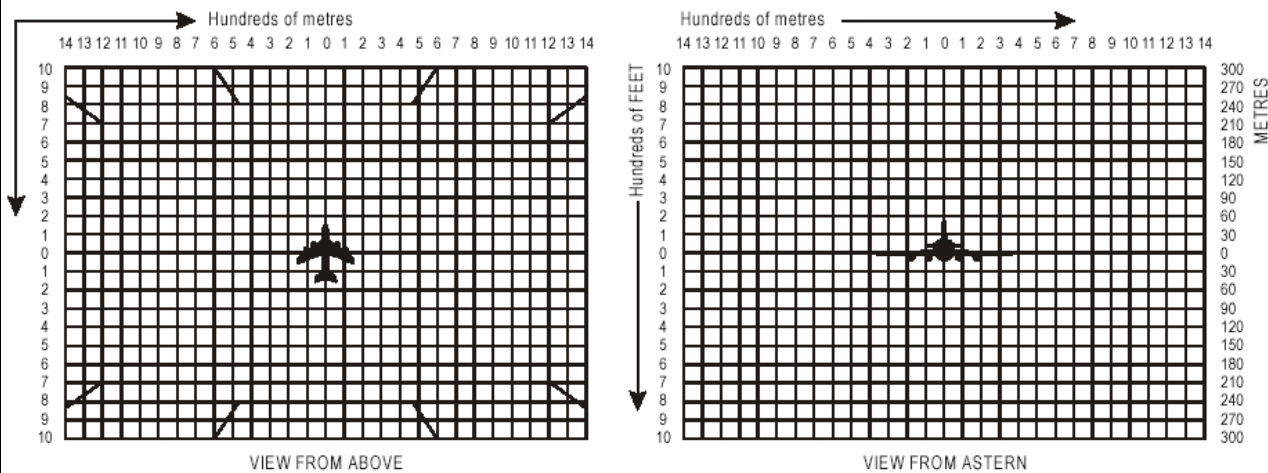
- a) Report received via AFTN / radio / telephone / other (specify) * _____
- b) Report received by _____ (name of ATS unit)

2. Details of ATS action

Clearance, incident seen (radar/visually, warning given, result of local enquiry, etc.)

DIAGRAMS OF AIRPROX

Mark passage of other aircraft relative to you, in plan on the left and in elevation on the right, assuming YOU are at the centre of each diagram. Include first sighting and passing distance.



* Delete as appropriate