



# Federal Aviation Administration

# LASER BEAM EXPOSURE QUESTIONNAIRE

**Complete questionnaire and e-mail to: [laserreports@faa.gov](mailto:laserreports@faa.gov)  
OR send via fax to FAA Washington Operations Center Complex (WOCC) - (202) 267-5289 ATTN: DEN**

## CONTACT INFORMATION

Name of pilot/crewmember reporting

E-mail address and phone number (e.g., home, cell, work)

What seat in the cockpit were you occupying at the time of the laser beam exposure?

- Left     Right     Jumpseat     Flight Engineer     Other/Not applicable

How many crewmembers on the flight had laser light shined directly in their eyes?

- None (the laser light beam did not directly enter anyone's eyes)  
 One     Two     Three     Four or more

*Note: If any other crewmember had direct exposure to the laser light in their eyes, each person exposed should complete their own copy of this FAA Laser Beam Exposure Questionnaire*

## FLIGHT INFORMATION

Flight number, call sign and aircraft registration number (e.g., SWA572, Southwest, N287WN)

Aircraft Make and Model (e.g., Boeing 737, Cessna 172, Airbus A320, BAE Jetstream 32, Dornier 328)

Category of aircraft

- Airplane     Rotorcraft     Lighter than air     Other (specify)

Type of operation

- Commercial Aviation     General Aviation     Military     Law Enforcement  
 Medical     News Reporting     Other (specify)

Date of laser incident

Please enter date of laser incident in Month Day, Year format (e.g., July 27, 2012). OR mouse click in the data field to display a drop down arrow to view calendar and make your selection. The calendar selection is optimized for PC's and may not be available on a Mac.

Time of laser incident (enter Universal Time Coordinated (UTC/Zulu) format rounded to the nearest five minutes)

 :  UTC/Zulu

**Time of day during laser incident**

**Location of aircraft during laser incident** (Fixed Radial Distance (FRD) from navaid or airport, **OR** add lat/long coordinates)

**Estimated geographic location of the laser source** (e.g., the laser source relative to KDFW approach end of runway 35L was approximately 220 degree radial and 2 miles. You can also provide estimated lat/long coordinates)

**Approximate altitude of the aircraft above ground level (AGL)**

**Primary direction of flight at the time of the laser incident**

- N       NW       NE       E  
 S       SW       SE       W       None/Hover

**What phase(s) of flight were you in during the laser incident?** (check all that apply)

- Taxi       Takeoff       Climb to altitude       Cruise altitude  
 Descent       Final approach       Landing       Low-altitude (<500 ft. AGL) level flight  
 Hover       Other (specify)

**EFFECT ON FLIGHT**

**Interference: Did the laser illumination incident interfere with your performance of pilot or crewmember duties during the flight?**

- Yes       No

If you selected "Yes" above, how did the laser illumination interfere with your pilot or crewmember duties?

**Flight Path: Did the laser illumination cause the pilot/crew member to change the aircraft flight path?**

- No change in flight path       Minor or non-adverse change       Major or adverse change

**Disruption of Mission: Answer this question ONLY if you were conducting law enforcement, medical or military flight operations during the time of the laser illumination incident. Did the laser illumination incident disrupt your mission?**

- Yes       No

If you selected "Yes" above, how did the laser illumination interfere with your mission?

## LASER INFORMATION

Color of the laser light? (if multi-colored, check all that apply)



Red



Blue



Green



Yellow



Orange



White



Purple

Other (specify)

Tracking: Did the laser beam appear to deliberately track the aircraft?

Yes  No  Unsure/other (specify)

Cockpit illumination: Did the laser beam enter through the windscreen and illuminate any part of the cockpit?

Yes  No  Other (specify)

Eye exposure: Did the the laser beam light shine directly into one or both of your eyes?

Did not shine directly in my eye(s)  Shined a little in my eye(s)  Shined brightly in my eye(s)

**EFFECT ON YOUR EYE(S):** Answer questions below **ONLY** if the laser beam shined a little or brightly in your eye(s)

Did you experience any adverse **VISION EFFECTS\*** from the exposure? (check all that may apply)

- Did not experience adverse vision effects
- Glare (could not see past the light while it was in your eye(s))
- Temporary flash blindness and/or after images (similar to a camera flash)
- One or more blind spots (spots in visual field lasting longer than 5-10 minutes)
- Blurry vision
- Significant loss of night vision
- Other (specify)

### \*Examples of common vision effects

**Glare:** A temporary disruption in vision caused by the presence of a bright light (such as an oncoming car's headlights) within an individual's field of vision. Glare lasts only as long as the bright light is actually present within the individuals field of vision.

**Flash blindness:** A temporary visual interference effect that persists after the source of the illumination has ceased, similar to a bright camera flash.

**After image:** An image that remains in the visual field after an exposure to a bright light.

**Blind spot:** A temporary or permanent loss of vision of part of the visual field. Unlike an after image, a blind spot does not fade, or fades very slowly (taking many minutes, hours or days to fade out).

Did you experience any adverse **PHYSICAL EFFECTS** from the exposure? (check all that may apply)

- Did not experience adverse physical effects
- Watering eye(s)
- Eye(s) discomfort or pain
- Headache
- Feeling of shock
- Disorientation or dizziness
- Other (specify)

Did you rub your eye(s) after the exposure?

No significant rubbing  Rubbed them a little  Rubbed them vigorously

**EYE EXAM RESULTS:** Answer questions below **ONLY** if you had an eye exam after the laser incident

**Enter the medical facility name:**

**What type of doctor did the primary or most comprehensive examination of your eye(s)?**

- Retinal Specialist
- Ophthalmologist (medical doctor specializing in eye health)
- Optometrist (tests for visual acuity and eye diseases; prescribes and fits glasses/contacts)
- Optician (fits glasses/contacts)
- Emergency room doctor, nurse or technician
- Other (specify)

**Describe the results of the medical evaluation:**

**LASER INCIDENT REPORTING**

**Did you report the incident to Air Traffic Control (ATC)?**

- Did not report to ATC
- Reported via aircraft radio communication
- Reported via phone call
- Reported via walk-in to FAA ATC facility
- Other (specify)

**Did you report the laser incident to an FAA Flight Standards (AFS) field office? (e.g., FSDO, CMO, CHDO)**

- Did not report to AFS
- Reported via aircraft radio communication
- Reported via phone call
- Reported via walk-in to FAA AFS field office
- Other (specify)

**If you reported to an FAA AFS field office, enter the name and office location**

## ADDITIONAL INFORMATION

Did you have any prior knowledge or training on the hazards and effects of lasers aimed at a pilot/crewmember?

- None
- Basic information about the hazards and effects of lasers
- Detailed, specific information such as how to recognize and recover from laser illuminations
- Simulator training or similar exposure to laser-like illuminations in an aviation training environment
- Other (specify)

Please feel free to add any additional information or comments about your flight, the laser incident, reporting, and/or subsequent outcome:

## THE FOLLOWING SECTION IS FOR ATC FACILITIES USE ONLY

Did you report the unauthorized laser illumination incident to the Domestic Incidents Network (DEN)?

- No  Yes

What local law enforcement agency did you contact? (Include their phone number)

Was an arrest made?

- No arrest, or arrest unlikely
- Maybe, still working the case
- Yes, arrest was made
- Arrest status is unknown
- Other (specify)

## SUBMIT COMPLETED FAA LASER BEAM EXPOSURE QUESTIONNAIRE

Thank you for taking time to complete this questionnaire. Please "save" the completed questionnaire and submit to the FAA using one of the two methods described below:

1. Attach the saved PDF to an e-mail and send to: [laserreports@faa.gov](mailto:laserreports@faa.gov)
2. Send via fax to FAA Washington Operations Center Complex (WOCC) - (202) 267-5289 ATTN: DEN