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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 ID strip to you. 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:

PRIMARY Area No. Hours H M W

ALTERNATE Area No. Hours H M W

TYPE OF EVENT/SITUATION

NAME

ADDRESS/PO BOX

CITY STATE ZIP

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

In what type of facility do you work? Tower TRACON Center FSS Facility ID

Describe your ATC qualifications. Fully Certified Developmental Time certified on position/sector: yrs mos

What is your ATC experience in years? radar non-radar military supervisor

What was your control position or activity during the occurrence? approach enroute flight service trainee supervisor/CIC coordinator flight data/ ground local traffic management departure clmc delivery handoff/assist oceanic other

Was instruction a factor? no yes I was instructing I was receiving training

Do you have pilot experience? no yes hours instrument rated

AIRSPACE

CONDITIONS / WEATHER ELEMENTS

LIGHT / VISIBILITY

Class A Class E VMC fog snow dawn night Class B Class G IMC hail thunderstorm daylight dusk Class C Special Use Mixed haze/smoke turbulence Ceiling feet Class D TFR Marginal rain windshear Visibility miles RVR feet

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 air carrier fractional military air carrier fractional military air taxi FBO personal air taxi FBO personal corporate government other: corporate government other:

Mission passenger cargo/freight ferry passenger cargo/freight ferry personal training other: personal training other:

Flight Plan VFR SVFR none VFR SVFR none IFR DVFR IFR DVFR

Flight Phase taxi climb final approach taxi climb final approach parked cruise missed/GAR parked cruise missed/GAR takeoff descent landing takeoff descent landing initial climb initial approach other: initial climb initial approach other:

Route in Use airway (ID): STAR (ID): visual approach airway (ID): STAR (ID): visual approach direct oceanic none direct oceanic none SID (ID): vectors other: SID (ID): vectors other:

If more than two aircraft were involved, please describe the additional aircraft in the "Describe Event/Situation" section.

LOCATION

CONFLICTS

Altitude: (single value) MSL AGL Estimated miss distance in feet: horiz vert Distance: and/or Radial (bearing): from: Was evasive action taken? Yes No Was TCAS a factor? TA O RA No Did terrain warning system activate? Yes No

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

AVIATION SAFETY REPORTING SYSTEM

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. 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 an sealed envelope, affix proper postage, and send it directly to us.

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.

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.

Thank you for your contribution to aviation safety.

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).

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-XXXX and it expires on mm/dd/yyyy. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 189 Moffett Field, CA 94035-0189. Send only comments relating to our time estimate to this address.

If you want to mail this form, please fold pages, enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM
POST OFFICE BOX 189
MOFFETT FIELD, CA 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)

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