

**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

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)	
<input type="checkbox"/> Remote Operator	<input type="checkbox"/> Member of Crew	<input type="checkbox"/> Waiver Holder	<input type="checkbox"/> Unrelated to operations	Total Time _____ hrs	
<input type="checkbox"/> Visual Observer	<input type="checkbox"/> Authorization Holder	<input type="checkbox"/> Drone Customer	<input type="checkbox"/> Instructor _____ yrs	Last 90 Days _____ hrs	
			<input type="checkbox"/> Other _____	Time in Type _____ hrs	

CERTIFICATES & RATINGS		ATC EXPERIENCE	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> FPL	radar _____ yrs
<input type="checkbox"/> 101	<input type="checkbox"/> Multiengine	<input type="checkbox"/> Developmental	non-radar _____ yrs
<input type="checkbox"/> 107	<input type="checkbox"/> Instrument		supervisory _____ yrs
<input type="checkbox"/> Unknown	<input type="checkbox"/> Private / Commercial Pilot		military _____ yrs
	<input type="checkbox"/> Other: _____		

AIRSPACE		CONDITIONS / WEATHER ELEMENTS			LIGHT / VISIBILITY		ATC / ADVISORY SVC.	
<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<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"/> Center
<input type="checkbox"/> Class B	<input type="checkbox"/> Special Use	<input type="checkbox"/> IMC	<input type="checkbox"/> hail	<input type="checkbox"/> thunderstorm	<input type="checkbox"/> daylight	<input type="checkbox"/> dusk	<input type="checkbox"/> Ground	<input type="checkbox"/> FSS
<input type="checkbox"/> Class C	<input type="checkbox"/> TFR	<input type="checkbox"/> Mixed	<input type="checkbox"/> haze/smoke	<input type="checkbox"/> turbulence	Ceiling _____ feet		<input type="checkbox"/> Tower	<input type="checkbox"/> UNICOM
<input type="checkbox"/> Class D		<input type="checkbox"/> Marginal	<input type="checkbox"/> icing	<input type="checkbox"/> windshear	Visibility _____ miles		<input type="checkbox"/> TRACON	<input type="checkbox"/> CTAF
<input type="checkbox"/> Class E			<input type="checkbox"/> rain	<input type="checkbox"/> other: _____			<input type="checkbox"/> Not Applicable	
							ATC Facility Name: _____	

AIRCRAFT 1	AIRCRAFT 2
Your Aircraft Type (Make/Model) (e.g. DJI Phantom 4, Parrot Disco, Yuneec Typhoon, etc): _____	Other Aircraft: _____

Type of Event	<input type="checkbox"/> Physical impact with manned aircraft <input type="checkbox"/> Near miss (less than .5 nm) <input type="checkbox"/> Midair collision with other UAS <input type="checkbox"/> Collision with physical object on the ground <input type="checkbox"/> Impact with person(s) - no injury	<input type="checkbox"/> Impact with person(s) - with injury <input type="checkbox"/> Injury to member of crew during mission <input type="checkbox"/> Injury to member of crew after (but related to) mission <input type="checkbox"/> Other
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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:	
<input type="checkbox"/> Airport _____ <input type="checkbox"/> ATC Fac _____	Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Intersection _____ <input type="checkbox"/> NAVAID _____	

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