

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 ensure complete reporter anonymity.

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 can reach you for further details of this occurrence:	Space Below Reserved for ASRS Date and Time Stamp												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Type</td> <td style="width:15%;">Area Code</td> <td style="width:30%;">Number</td> <td style="width:40%;">Best Call Hours</td> </tr> <tr> <td>Primary</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Backup</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Type	Area Code	Number	Best Call Hours	Primary	_____	_____	_____	Backup	_____	_____	_____	
Type	Area Code	Number	Best Call Hours										
Primary	_____	_____	_____										
Backup	_____	_____	_____										

Name and address where we can return this identification strip:	Type of Event/Situation
Name _____	_____
Address 1 _____	_____
Address 2 _____	Date of Occurrence _____ <small>(MM/DD/YYYY)</small>
City _____ State _____ Zip _____	Local Time (24 hr clock) _____ <small>(HH:MM)</small>

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

Reporter	Flying Time (in hours)	Certificates & Ratings (check all that apply)	ATC / Advisory Service
<input type="checkbox"/> Captain/PIC <input type="checkbox"/> Copilot <input type="checkbox"/> Pilot Flying <input type="checkbox"/> Pilot Not Flying <input type="checkbox"/> Check Airman <input type="checkbox"/> Relief Pilot	<input type="checkbox"/> Single Pilot <input type="checkbox"/> Instructor <input type="checkbox"/> Trainee <input type="checkbox"/> Air/Mission Crew <input type="checkbox"/> Ground Crew <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Sport/Recreational <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Remote	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Multiengine <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Powered Lift <input type="checkbox"/> Other _____
Total Time _____ Last 90 Days _____ Time in Type _____		<input type="checkbox"/> Ground <input type="checkbox"/> Tower <input type="checkbox"/> Center <input type="checkbox"/> FSS <input type="checkbox"/> UNICOM <input type="checkbox"/> CTAF <input type="checkbox"/> Dispatch	
			ATC Facility Name _____

Airspace	Conditions / Weather Elements	Light/NVG	Ceiling/Visibility
<input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input type="checkbox"/> Special Use (MOA, Restricted, etc.)	<input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Mixed <input type="checkbox"/> Marginal	<input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Night – Unaided <input type="checkbox"/> Night – NVG Aided	Ceiling _____ (feet) Visibility _____ (miles) RVR _____ (feet)
<input type="checkbox"/> Class G <input type="checkbox"/> TFR <input type="checkbox"/> Offshore	<input type="checkbox"/> Brownout <input type="checkbox"/> Fog <input type="checkbox"/> Hail <input type="checkbox"/> Haze/Smoke <input type="checkbox"/> Icing <input type="checkbox"/> Rain	<input type="checkbox"/> Snow <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Turbulence <input type="checkbox"/> Whiteout <input type="checkbox"/> Windshear <input type="checkbox"/> Other _____	

Aircraft 1			Aircraft 2		
Your Aircraft Type (Not N# or Flight) _____		Make/Model (e.g., Airbus H135, etc.) _____	Other Aircraft Type _____		Operating FAR Part _____
		Operating FAR Part _____	Remotely Piloted _____		Make/Model (if known) _____
Aircraft 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
Aircraft Activity	<input type="checkbox"/> Agriculture <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Air Tour <input type="checkbox"/> Corporate	<input type="checkbox"/> Firefighting <input type="checkbox"/> Law Enforcement <input type="checkbox"/> News/Photo/Film <input type="checkbox"/> Offshore	<input type="checkbox"/> Personal <input type="checkbox"/> Training <input type="checkbox"/> Utility <input type="checkbox"/> Other _____	<input type="checkbox"/> Agriculture <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Air Tour <input type="checkbox"/> Corporate	<input type="checkbox"/> Firefighting <input type="checkbox"/> Law Enforcement <input type="checkbox"/> News/Photo/Film <input type="checkbox"/> Offshore
Flight Plan	<input type="checkbox"/> VFR <input type="checkbox"/> IFR	<input type="checkbox"/> SVFR <input type="checkbox"/> DVFR	<input type="checkbox"/> Internal <input type="checkbox"/> None	<input type="checkbox"/> VFR <input type="checkbox"/> IFR	<input type="checkbox"/> SVFR <input type="checkbox"/> DVFR
Flight Phase	<input type="checkbox"/> Parked <input type="checkbox"/> Ground Taxi <input type="checkbox"/> Hover	<input type="checkbox"/> Takeoff/Climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent/Landing	<input type="checkbox"/> Approach <input type="checkbox"/> Missed <input type="checkbox"/> Other _____	<input type="checkbox"/> Parked <input type="checkbox"/> Ground Taxi <input type="checkbox"/> Hover	<input type="checkbox"/> Takeoff/Climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent/Landing
Route in Use	<input type="checkbox"/> Direct <input type="checkbox"/> Helo Route Chart	<input type="checkbox"/> Visual Approach <input type="checkbox"/> Instrument Procedure	<input type="checkbox"/> None <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct <input type="checkbox"/> Helo Route Chart	<input type="checkbox"/> Visual Approach <input type="checkbox"/> Instrument Procedure

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: _____ <small>(Horizontal) (Vertical)</small> Was Evasive Action Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Was TCAS a Factor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Did terrain warning system activate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Distance: _____ and/or Radial (bearing): _____ from:	
<input type="checkbox"/> Airport _____ <input type="checkbox"/> NAVAID _____ <input type="checkbox"/> Waypoint _____	

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