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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?** (Check all that apply)  
 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  icing  windshear Visibility \_\_\_\_\_ miles  
 other: \_\_\_\_\_ 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  
**Distance:** \_\_\_\_\_ and/or **Radial (bearing):** \_\_\_\_\_ from:  
 Airport \_\_\_\_\_  ATC Fac \_\_\_\_\_  
 Intersection \_\_\_\_\_  NAVAID \_\_\_\_\_

**Estimated miss distance in feet:** horiz \_\_\_\_\_ vert \_\_\_\_\_  
**Was evasive action taken?**  Yes  No  
**Was TCAS a factor?**  TA  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