



Overview

Laser Incidents 

[Report a Laser Incident](#)

## Report a Laser Incident

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800 Independence Ave. SW, Washington, D.C. 20591

Attn: Information Collection Clearance Officer, ASP-110

OMB Control Number: 2120-0698

Expiration Date: November 30, 2025

### Pilot or crew member reporting

Name \*

Email address \*

Phone number \*

What seat in the cockpit were you occupying

- Left
- Right
- Jumpseat
- Flight Engineer
- Other/not applicable

How many pilots/crew members had laser light directly enter their eyes?

- None
- One
- Two
- Three
- Four or more

### Flight and aircraft


Flight number, call sign, and aircraft registration number

**Aircraft make and model \*****Aircraft category \***

- Airplane
- Rotorcraft
- Lighter than air
- Other (specify)

**Operation type**

- Commercial aviation
- General aviation
- Law enforcement
- Medical
- Military
- News reporting
- Other (specify)

**Local date \*** **Local time: \*** **Location of aircraft**

Fixed radial distance (FRD) from navaid or airport — or latitude/longitude coordinates

**Location of laser source**

Example: "The laser source relative to KDFW approach end of runway 35L was approximately 220 degrees radial and two miles." You can also provide estimated lat/long coordinates.

**Altitude above ground level (AGL)****Primary flight direction**

- North
- Northwest
- Northeast
- East
- South
- Southwest
- Southeast
- West
- None or hovering

**Phase(s) of flight**

- Taxi
- Takeoff
- Climb to altitude
- Cruise altitude

- Descent
- Final approach
- Landing
- Low-altitude (<500 ft. AGL) level flight
- Hover

**Phase of flight (other)**

## Effect on flight

**Interference**

Did the laser incident interfere with your pilot or crew member duties?

- Yes
- No

**Flight path**

Did the laser incident 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

## Laser incident

**Laser light color**

- blue
- green
- orange
- purple
- red
- white
- yellow

**Laser light color (other)**

**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 laser beam 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)

### Vision effects

Did you experience any adverse vision effects<sup>†</sup> from the exposure?

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

Vision effect (other):

## 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.

### Afterimage

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 afterimage, a blind spot does not fade, or fades very slowly (taking many minutes, hours, or days to fade out).

### Physical effects

Did you experience any adverse physical effects from the exposure?

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

Physical effect (other)

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

- No significant rubbing
- Rubbed them a little
- Rubbed them vigorously

Did you have an eye exam after the laser incident?

- Yes
- No

## 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?**

*Example of field office: 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)

**FAA AFS field office 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/crew member?**

- 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)

**Additional information**

## ATC Facilities' use only

**Domestic Incidents Network**

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

- Yes
- No

**Local law enforcement agency you contacted**

Include the agency's 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

## U.S. DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

800 Independence Avenue, SW

Washington, DC 20591

866.835.5322 (866-TELL-FAA)

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