

NASA ASRS

<https://asrs.arc.nasa.gov/report/electronic.html>

Confidential. Voluntary. Non-Punitive.

ASRS captures confidential reports, analyzes the resulting aviation safety data, and disseminates vital information to the aviation community.

**Submit a NASA
ASRS Safety Report**



UAS Safety In Sight



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The Aborted Takeoff NEW Decision

August 2025, Issue 547

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ELECTRONIC REPORT SUBMISSION (ERS)

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To report electronically, select an ASRS Report Form:

► General Report Form	e.g. Pilot, Dispatcher, Ground Ops, & Other
► ATC Report Form	e.g. Air Traffic Controller
► Maintenance Report Form	e.g. Repairman, Mechanic, Inspector
► Cabin Report Form	e.g. Cabin Crew
► UAS/Drone Report Form	e.g. UAS/Drone Pilot, Visual Observer, & Crew

Report to ASRS

- [Electronic Report Submission \(ERS\)](#)
- [Download & Print for US Mail](#)

ERS Resources

- [Frequently Asked Questions \(FAQ\)](#)
- [Online Security Tips](#)
- [Contact ERS](#)

4 Steps to Report Electronically

1. **Review the ERS Frequently Asked Questions (FAQ).** Browser settings and mobile device compatibility details are in the [ERS FAQ](#) and are important to the success of your report submission. Be sure your computer is secure and clear of vulnerabilities (see [Online Security Tips](#)).
2. Click on the button above for the appropriate electronic ASRS form – read the ASRS policy and then click on "Continue to Report."
3. Fill out the form on the computer. To print a copy for your records, you must print it BEFORE clicking Submit. Keep the copy in a secure location. **The NASA ASRS team suggests that you do not save your completed report to a shared (e.g., company) computer.**
4. After you click the Submit button at the bottom of the page, a verification code will appear for your submission. Retain this verification code for future reference. If you do not receive a verification code, refer to the [ERS FAQ](#) to ensure proper settings are enabled. If issue cannot be resolved, contact ASRS by using the contact form on the [Contact Us](#) page, and select "Electronic Report Submission" as your topic.

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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 (49CFR830).

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 2700-0172. 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.

Thank you for your contribution to aviation safety!



[Back](#)

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(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:

HOME Area No. Hours

WORK Area No. Hours

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)		CERTIFICATES & RATINGS		ATC EXPERIENCE	
☐ Captain	☐ Single Pilot	Total Time hrs	☐ Student	☐ Flight Instructor	☐ FPL	☐ Developmental	
☐ First Officer	☐ Instructor	Last 90 Days hrs	☐ Sport/Rec	☐ Multiengine	radar yrs		
☐ pilot flying	☐ Trainee	Time in Type hrs	☐ Private	☐ Instrument	non-radar yrs		
☐ pilot not flying	☐ Dispatcher: yrs		☐ Commercial	☐ Flight Engineer	supervisory yrs		
☐ relief pilot	☐ Other:		☐ ATP	☐ Other:	military yrs		
☐ check airman							
AIRSPACE		CONDITIONS / WEATHER ELEMENTS		LIGHT / VISIBILITY		ATC / ADVISORY SVC.	
☐ Class A	☐ Class E	☐ VMC	☐ fog	☐ snow	☐ dawn	☐ night	☐ Ramp
☐ Class B	☐ Class G	☐ IMC	☐ hail	☐ thunderstorm	☐ daylight	☐ dusk	☐ Center
☐ Class C	☐ Special Use	☐ Mixed	☐ haze/smoke	☐ turbulence	Ceiling feet		☐ Ground
☐ Class D	☐ TFR	☐ Marginal	☐ icing	☐ windshear	Visibility miles		☐ FSS
			☐ rain	☐ other:	RVR feet		☐ Tower
							☐ UNICOM
							☐ TRACON
							☐ CTAF
							ATC Facility Name:
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	

(e.g. B737, Not "N#", Flt#", etc.):			FAR Part:			Aircraft:			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: _____	☐ corporate	☐ government	☐ other: _____	☐ corporate	☐ government	☐ other: _____
	☐ passenger	☐ cargo/freight	☐ ferry	☐ passenger	☐ cargo/freight	☐ ferry	☐ passenger	☐ cargo/freight	☐ ferry	☐ passenger	☐ cargo/freight	☐ ferry
Mission	☐ personal	☐ training	☐ other: _____	☐ personal	☐ training	☐ other: _____	☐ personal	☐ training	☐ other: _____	☐ personal	☐ training	☐ other: _____
	☐ VFR	☐ SVFR	☐ none	☐ VFR	☐ SVFR	☐ none	☐ VFR	☐ SVFR	☐ none	☐ VFR	☐ SVFR	☐ none
Flight Plan	☐ IFR	☐ DVFR	☐ other: _____	☐ IFR	☐ DVFR	☐ other: _____	☐ IFR	☐ DVFR	☐ other: _____	☐ IFR	☐ DVFR	☐ other: _____
	☐ taxi	☐ climb	☐ final approach	☐ taxi	☐ climb	☐ final approach	☐ taxi	☐ climb	☐ final approach	☐ taxi	☐ climb	☐ final approach
	☐ parked	☐ cruise	☐ missed/GAR	☐ parked	☐ cruise	☐ missed/GAR	☐ parked	☐ cruise	☐ missed/GAR	☐ parked	☐ cruise	☐ missed/GAR
Flight Phase	☐ takeoff	☐ descent	☐ landing	☐ takeoff	☐ descent	☐ landing	☐ takeoff	☐ descent	☐ landing	☐ takeoff	☐ descent	☐ landing
	☐ initial climb	☐ initial approach	☐ other: _____	☐ initial climb	☐ initial approach	☐ other: _____	☐ initial climb	☐ initial approach	☐ other: _____	☐ initial climb	☐ initial approach	☐ other: _____
	☐ airway (ID): _____	☐ STAR (ID): _____	☐ visual approach	☐ airway (ID): _____	☐ STAR (ID): _____	☐ visual approach	☐ airway (ID): _____	☐ STAR (ID): _____	☐ visual approach	☐ airway (ID): _____	☐ STAR (ID): _____	☐ visual approach
Route in Use	☐ direct	☐ oceanic	☐ none	☐ direct	☐ oceanic	☐ none	☐ direct	☐ oceanic	☐ none	☐ direct	☐ oceanic	☐ none
	☐ SID (ID): _____	☐ vectors	☐ other: _____	☐ SID (ID): _____	☐ vectors	☐ other: _____	☐ 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.											

NASA ARC 277B (May 2009)

GENERAL

OMB No. 2700-0172

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 00-46F. 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. 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.		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 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.	
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).		Thank you for your contribution to aviation safety.	
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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			

CHAIN OF EVENTS - How the problem arose - Contributing factors	Page 2 of 3 - How it was discovered - Corrective actions	HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgments, decisions - Actions or inactions - Factors affecting the quality of human performance

NASA ARC 277B (May 2009)

DESCRIBE EVENT/SITUATION (continued)		
CHAIN OF EVENTS - How the problem arose - Contributing factors	Page 3 of 3 - How it was discovered - Corrective actions	HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgments, decisions - Actions or inactions - Factors affecting the quality of human performance

NASA ARC 277B (May 2009)

CHAIN OF EVENTS

- How the problem arose

- Contributing factors

- How it was discovered

- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgements, decisions

- Factors affecting the quality of human performance

- Actions or inactions

NASA.ARC 277B (May 2009)

GENERAL FORM

OMB No. 2700-0172

v1.5.1

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TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

HOME HOURS

OTHER HOURS

NAME (required)

ADDRESS/PO BOX (required)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

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

In what type of facility do you work?

- ☐ Tower ☐ Center
☐ TRACON ☐ FSS

Facility ID:

Describe your ATC qualifications.

- ☐ Fully Certified ☐ Developmental

Time Certified on position / sector: yrs months

What is your ATC experience in years?

Radar: yrs

Military: yrs

Non-radar: yrs

Supervisor: yrs

What was your control position or activity during the occurrence?

(Check all that apply)

- ☐ Approach ☐ Handoff / Assist
☐ Coordinator ☐ Trainee
☐ Departure ☐ Local
☐ Enroute ☐ Oceanic
☐ Flight data / clnc delivery ☐ Supervisor / CIC
☐ Flight service ☐ Traffic Management
☐ Ground ☐ 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

- ☐ Class A
☐ Class B
☐ Class C
☐ Class D
☐ Class E
☐ Class G
☐ Special Use
☐ TFR

CONDITIONS / WEATHER ELEMENTS

(Select Condition) ▼

- ☐ Fog ☐ Snow
☐ Hail ☐ Thunderstorm
☐ Haze/Smoke ☐ Turbulence
☐ Icing ☐ Windshear
☐ Rain
☐ Other:

LIGHT / VISIBILITY

(Select Light) ▼

Ceiling: feet

Visibility: miles

RVR: feet

AIRCRAFT 1

Primary Aircraft Type

(Make / Model, e.g. B737, NOT N #, Flt #, etc)

Operator FAR Part

(Select FAR Part) ▼

Other:

Operator

(Select Operator) ▼

Other:

Mission

(Select Mission) ▼

Other:

Flight Plan

(Select Flight Plan) ▼

Flight Phase

(Select Flight Phase) ▼

Other:

Route in Use

- ☐ Direct ☐ Visual Approach
☐ Oceanic ☐ None
☐ Vectors ☐ Other:

☐ Airway (ID):

☐ STAR (ID):

☐ SID (ID):

IF MORE THAN ONE AIRCRAFT WAS INVOLVED, PLEASE ADD AN ADDITIONAL AIRCRAFT.

Add Aircraft

LOCATION

CONFLICTS

Altitude: (single value) ☐ MSL ☐ AGL

Estimated miss distance in feet:

Altitude: (single value) ☐ MSL ☐ AGL

Distance: and/or Radial: (bearing) from:

☐ Airport

☐ ATC Fac

☐ Intersection

☐ NAVAID

Estimated miss distance in feet:

Horizontal

Vertical

Was evasive action taken?

☐ Yes

☐ No

Was TCAS a factor?

☐ TA

☐ RA

☐ No

Did terrain warning system activate?

☐ Yes

☐ No

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.

CHAIN OF EVENTS

- How the problem arose
- Contributing factors

- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgements, decisions
- Factors affecting the quality of human performance

- Actions or inactions

NASA ARC 277A (May 2009)

ATC FORM

v1.5.1

OMB No. 2700-0172

Reset Form

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CHAIN OF EVENTS - How the problem arose - Contributing factors - How it was discovered - Corrective actions		HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgements, decisions - Factors affecting the quality of human performance - Actions or inactions	
NASAARC 277A (May 2009)		OMB No. 2700-0172	

ATC FORM
v1.5.1

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MAINTENANCE FORM

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TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

HOME HOURS

OTHER HOURS

NAME

ADDRESS/PO BOX

ADDRESS LINE 2

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.

EXPERIENCE

Describe your qualifications

☐ A ☐ NDT ☐ Inspection Authority ☐ Other:
☐ P ☐ Repairman ☐ Avionics

What is your technician / maintenance experience in years?

Lead Technician Technician Avionics
Inspector Repairman Other

FACTORS

Location

Was training a factor?

☐ No ☐ Yes ☐ I was instructing ☐ I was receiving training

What other factors may have contributed?

☐ Lighting ☐ Work cards ☐ Briefing
☐ Weather ☐ Manuals ☐ Other:

Check items which were involved in the event

Inspection ☐ Yes ☐ No Installation ☐ Yes ☐ No
Testing ☐ Yes ☐ No Scheduled maintenance ☐ Yes ☐ No
Repair ☐ Yes ☐ No MEL ☐ Yes ☐ No
Logbook entry ☐ Yes ☐ No Other
Fault isolation ☐ Yes ☐ No

Component / System / Sub-system involved:

Fault isolation ☐ Yes ☐ No		
Component / System / Sub-system involved:		
Was maintenance deferred? ☐ Yes ☐ No	When was problem detected? ☐ Routine inspection ☐ In-flight ☐ Taxi ☐ While aircraft was in service at gate ☐ Pre-flight ☐ Other:	
CONSEQUENCES / OUTCOME		
☐ Flight delay ☐ Gate return ☐ Improper service ☐ In-flight shut down ☐ Flight cancellation ☐ Air turn back ☐ Rework ☐ Aircraft / engine damage ☐ Other:		
AIRCRAFT / AIRWORTHINESS STATUS	MISSION	REPORTER ORGANIZATION
☐ Aircraft released for service ☐ Aircraft records completed ☐ Aircraft required documents aboard ☐ Not released for service ☐ Unknown	☐ Passenger ☐ Personal ☐ Cargo / Freight ☐ Other: ☐ Training ☐ Ferry	(Select Organization) Other:
TYPE OF AIRCRAFT (MAKE / MODEL) AND ENGINE TYPE		
Type of Aircraft	Series	ATA Code
Aircraft zone	Engine model	Other
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.		
CHAIN OF EVENTS - How the problem arose - Contributing factors	HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgements, decisions - Factors affecting the quality of human performance	- Actions or inactions
NASA AERC 277D (May 2009) MAINTENANCE FORM OMB No. 2700-0172 v1.5.1		
Reset Form View Printable Format Submit Report		

From the NASA Aviation Safety Reporting System:

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be

☐ Aircraft records completed ☐ Aircraft required documents aboard ☐ Not released for service ☐ Unknown	☐ Personal ☐ Cargo / Freight ☐ Other:	☐ Ferry Other:
TYPE OF AIRCRAFT (MAKE / MODEL) AND ENGINE TYPE		
Type of Aircraft	Series	ATA Code
Aircraft zone	Engine model	Other
DESCRIBE EVENT/SITUATION		
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CHAIN OF EVENTS - How the problem arose - Contributing factors - How it was discovered - Corrective actions		HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgments, decisions - Factors affecting the quality of human performance - Actions or inactions
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MAINTENANCE FORM		
v1.5.1		
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CABIN FORM

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TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

HOME HOURS

OTHER HOURS

NAME (required)

ADDRESS/PO BOX (required)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

TYPE OF EVENT/SITUATION

DATE OF OCCURRENCE (MM/DD/YYYY)

MM/DD/YYYY

LOCAL TIME (24 HR. CLOCK) [HH:MM]

HH:MM

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

REPORTER

EXPERIENCE

☐ Flight Attendant (FA)

☐ FA in charge

☐ Off-Duty FA

☐ Other:

Total years as Flight Attendant

Total years as FA with your current airline

Number of aircraft types currently qualified to work on

Percent of duty time in past year on aircraft type involved

%

FLIGHT INFORMATION

Type of Aircraft

Make / Model: (e.g. B737) NOT "N/A", FS #, etc.

Number of seats

Number of exits: Floor level

Number of pax on board

Window

Number in cabin crew

Tailcone

Flight Segment

Flight origin

Time since takeoff hrs / mins

Destination

Nearest city & state (if known)

Departure time HH:MM (Local Time)

Cabin Activity

(Check all that apply)

☐ Boarding

☐ Beverage service

☐ Cart service

☐ Other:

☐ Deplaning

☐ Meal service

☐ Tray service

☐ Safety related duties, specify

OPERATOR

FLIGHT PHASE

WEATHER

LIGHTING

(Select Operator)

(Select Phase)

Other:

Other:

☐ Clear

☐ Cloudy

☐ Rain

☐ Fog

☐ Turbulence

☐ Snow

☐ Thunderstorm

☐ Ice

☐ Unknown

CABIN

OUTSIDE

☐ High

☐ Daylight

☐ Medium

☐ Night

☐ Low

☐ Off

EVENT CHARACTERISTICS

Reporter's location in aircraft at time of event

Reporter's activity at time of event

Was a passenger directly involved in the event?

☐ Yes ☐ No

Was fire / smoke involved in the event? ☐ Yes ☐ No

Did this event result in an injury?

☐ Yes ☐ No

Was there an evacuation during or as a result of this event? ☐ Yes ☐ No

to passenger?

☐ Yes ☐ No

to crew?

☐ Yes ☐ No

DESCRIBE EVENT/SITUATION

EVENT CHARACTERISTICS		RESULTS	
Reporter's location in aircraft at time of event			
Reporter's activity at time of event			
Was a passenger directly involved in the event?	☐ Yes ☐ No	Was fire / smoke involved in the event?	☐ Yes ☐ No
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NASA/ARC 277C (May 2009)		CABIN FORM v1.3.1	
Reset Form		View Printable Format	
		Submit Report	

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[Continue to Report](#)

UAS FORM

For immediate action of UNSAFE or UNAUTHORIZED drone operations contact local authorities.

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TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

HOME

HOURS

OTHER

HOURS

NAME

ADDRESS/PO BOX

ADDRESS LINE 2

CITY STATE ZIP

TYPE OF EVENT / SITUATION (select all that apply)

Airspace Incursion / Excursion
Collision (aircraft, person, object)
Deviation (altitude, procedure)
Equipment Issue

(Use Command/Ctrl to multi-select)

Other:

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

How were you involved in the UAS operation?

☐ Single Person Crew ☐ Multi-Person Crew ☐ Not Involved (e.g. eyewitness)

If part of a Multi-Person crew tell us:

Crew Size: (total including reporter)

Role at time of event: (select all that apply)

- ☐ Person Manipulating Controls (ground control station / remote control transmitter)
☐ Remote Pilot in Command (RPIC)
☐ Visual Observer
☐ Other Crew Member:

Reporter Location

☐ Outdoor / Field Station ☐ Repair Facility
☐ Indoor / Ground Control Station ☐ Other:

Time manipulating controls of UAS
(Estimated Time, round to nearest quarter hour)

Total Time to Date in all UAS Make / Models: hrs (e.g. 14.25)

Time Last 90 Days in all UAS Make / Models: hrs (e.g. 9.50)

Time to Date in UAS Make / Model involved in event: hrs (e.g. 0.75)

Manned aircraft flight experience
(if applicable)

Total Time: hrs

FAA Certificates / Ratings held

- ☐ Remote Pilot / Part 107 ☐ Flight Instructor - Manned
☐ Private - Manned ☐ Instrument - Manned

FAA Certificates / Ratings held

- ☐ Remote Pilot / Part 107
☐ Private - Manned
☐ Commercial - Manned
☐ ATP - Manned
☐ Other:
- ☐ Flight Instructor - Manned
☐ Instrument - Manned
☐ Multiengine - Manned
☐ N/A (non-certificated recreational flyer)

WEATHER ELEMENTS
LIGHT / VISIBILITY

At event location:

- ☐ Clear
☐ Fog
☐ Hail
☐ Haze / Smoke
☐ Other:
- ☐ Icing
☐ Rain
☐ Snow
☐ Thunderstorm
- ☐ Turbulence
☐ Wind
☐ Windshear

(Select Light) ▼

 Cloud Ceiling: feet

 Visibility: miles

AIRSPACE
AIRSPACE AUTHORIZATION PROVIDER [Reset](#)

- ☐ Class A
☐ Class B
☐ Class C
☐ Class D
☐ Class E
☐ Class G
☐ Special Use (e.g. MOA, Restricted, Prohibited)
☐ Temporary Flight Restriction (TFR)
- ☐ Authorized Third Party (e.g. USS / UTM App, LAANC provider)
☐ FAA Authorization (e.g., FAA Drone Zone, Fixed Flying Site LOA)
☐ N/A (e.g. class G airspace)
☐ Other:

UAS INVOLVED IN EVENT [Reset](#)
UAS Make / Model / Series

(or write "Homebuilt")

(do not include registration or serial number)

Weight Category

(Select Weight Category) ▼

(at takeoff with payload)

Configuration

(Select Configuration) ▼

Other:

How many UASs were you

controlling? (at time of event)

Rule Flying Under

(Select Rule Flying Under) ▼

Other:

Airworthiness Approval
Certification

(if applicable)

- ☐
- Standard AC
- ☐
- Special AC
- ☐
- Special Authorization / Section 44807

**Waivers /
Exemptions /
Authorizations**

Were you operating under any Waivers / Exemptions / Authorizations?

☐ Yes ☐ No

FAR Section Number / Other:

Operator

(Select Operation Type) ▼

Other:

Operator	(Select Operation Type)	Other:	
Mission	(Select Mission)	Other:	
Flight Operated As	☐ VLOS (Visual Line of Sight) ☐ BVLOS (Beyond VLOS)	With Visual Observer?	☐ Yes ☐ No
UAS Control Mode (at time of event)	☐ Autonomous / Fully Automated ☐ Waypoint Flying	☐ Manual Control ☐ Transitioning Between Modes	
Flight Phase (at time of event)	(Select Flight Phase)	Other:	
Was the UAS flying in, near or over: (select all that apply)			
☐ Aerial Show / Event (e.g. fireworks, airshow)			
☐ Aircraft / UAS			
☐ Airport / Aerodrome / Heliport			
☐ Critical Infrastructure			
☐ Crowds (e.g. sporting event, concert, festival)			
☐ Emergency Services (e.g. police, fire)			
☐ Indoors / Confined Spaces			
☐ Moving Vehicles (e.g. highways, busy streets, bridges)			
☐ Natural Disaster			
☐ No Drone Zone			
☐ Open Space / Field			
☐ People / Populated Areas (e.g. residential)			
☐ Private Property			
☐ Recreational Club / Fixed Flying Site			
☐ Other:			
IF MORE THAN ONE AIRCRAFT OR UAS WAS INVOLVED, PLEASE ADD ADDITIONAL AIRCRAFT / UAS.			
Add Aircraft / UAS			
UAS LOCATION		NEAR MISS CONFLICTS	
Reset		Reset	
Altitude: feet		Estimated miss distance from UAS / Aircraft:	
☐ AGL (above ground level)		Horizontal: feet Vertical: feet	
☐ MSL (mean sea level)			
☐ Closest Airport:		How was the UAS / Aircraft conflict avoided?	
State:		Operator commanded evasive action	
Distance: (nautical miles)		☐ Yes ☐ No	
☐ Closest VOR/NAVAID:		Collision avoidance system maneuver	
State:		activated	
Distance: (nautical miles)		☐ Yes ☐ No	
CONTRIBUTING FACTORS			
What factors may have contributed: (select all that apply)			
☐ Airspace Authorization / Flight Planning App			
☐ Command and Control (e.g. lost link, frequency interference)			
☐ Environment (e.g. terrain, obstructions, lighting, fire)			
☐ FAA Regulation Misinterpretation / Unaware			
☐ Ground Control Station / Remote Control Transmitter			
☐ Human Factors (e.g. fatigue, confusion, situational awareness)			
☐ Software and Automation (e.g. geofencing, return to home)			
☐ UA Equipment (e.g. components, sensors, payload)			
☐ Weather Conditions (e.g. wind gust, lightning)			
☐ Other:			

activated

CONTRIBUTING FACTORS

What factors may have contributed: (select all that apply)

- | | |
|---|--|
| ☐ Airspace Authorization / Flight Planning App | ☐ Human Factors (e.g. fatigue, confusion, situational awareness) |
| ☐ Command and Control (e.g. lost link, frequency interference) | ☐ Software and Automation (e.g. geofencing, return to home) |
| ☐ Environment (e.g. terrain, obstructions, lighting, fire) | ☐ UA Equipment (e.g. components, sensors, payload) |
| ☐ FAA Regulation Misinterpretation / Unaware | ☐ Weather Conditions (e.g. wind gust, lightning) |
| ☐ Ground Control Station / Remote Control Transmitter
(e.g. hardware failure, interface / display) | ☐ Other: <input type="text"/> |

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.

Who, What, Where, When, Why?

If relevant, describe:

- Communication system frequencies.
- Provide software versions (indicate if recently updated and/or any third party software).

CHAIN OF EVENTS

- | | |
|-------------------------|-------------------------|
| - How the problem arose | - How it was discovered |
| - Contributing factors | - Corrective actions |

HUMAN PERFORMANCE CONSIDERATIONS

- | | |
|--|------------------------|
| - Perceptions, judgements, decisions | - Actions or inactions |
| - Factors affecting the quality of human performance | |

NASA/ARC 277U (February 2021)

UAS FORM
v1.5.1

OMB No. 2700-0172

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From the NASA 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 00-46F. 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.

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.

CHAIN OF EVENTS - How the problem arose - Contributing factors		HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgements, decisions - Factors affecting the quality of human performance
- How it was discovered - Corrective actions		- Actions or inactions
NASAARC 277U (February 2021)		UAS FORM v1.5.1
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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 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.

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 (49CFR830).

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 2700-0172. 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.

Thank you for your contribution to aviation safety.