A

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 strip.*
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 _____

TYPE OF EVENT/SITUATION
_____

NAME _____

ADDRESS/PO BOX _____

_____

DATE OF OCCURRENCE _____
(MM/DD/YYYY)

CITY _____ **STATE** _____ **ZIP** _____

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?	o Tower	o Approach	o Center	o FSS	Facility ID _____

Describe your ATC qualifications.   o FPL   o Developmental   Time certified on position/sector: _____ yrs/mos

What is your ATC experience in years?   radar_____   limited radar _____   non-radar _____   military _____   supervisor _____

What was your control position or activity during the occurrence? (Check all that apply for combined position)

o radar	o local	o arrival	o clrnc delivery	o pre-flight	o supervisor
o hand-off	o ground	o departure	o coordinator	o in-flight	o monitor
o radar assoc	o assistant	o data	o manual	o flight watch	other_____

Was instruction a factor?   o I was instructing   o I was receiving training   o yes   o no

Do you have pilot experience?   o no   o yes, _____ hours   o instrument rated

AIRSPACE / WEATHER / LIGHT/VISIBILITY

AIRSPACE	WEATHER	LIGHT/VISIBILITY
o Class A (PCA) o Special Use Airspace	o VMC o ice	o daylight o night
o Class B (TCA) o airway/route _____	o IMC o snow	o dawn o dusk
o Class C (ARSA) o unknown/other	o mixed o turbulence	ceiling_____ feet
o Class D (Control Zone/ATA) _____	o marginal o thunderstorm	visibility_____miles
o Class E (General Controlled) _____	o rain o windshear	RVR _____feet
o Class G (Uncontrolled) _____	o fog o _____	

AIRCRAFT 1 / AIRCRAFT 2

	AIRCRAFT 1	AIRCRAFT 2
Type of Aircraft	(Make/Model) _____	(Make/Model) _____
Operator	o air carrier o military o corporate o commuter o private o other _____	o air carrier o military o corporate o commuter o private o other _____
Mission	o passenger o training o business o cargo o pleasure o unk/other_____	o passenger o training o business o cargo o pleasure o unk/other_____
Flight plan	o VFR o SVFR o none o IFR o DVFR o unknown	o VFR o SVFR o none o IFR o DVFR o unknown
Flight phases at time of occurrence	o taxi o cruise o landing o takeoff o descent o missed apch/GAR o climb o approach o other _____	o taxi o cruise o landing o takeoff o descent o missed apch/GAR o climb o approach o other _____
Control status	o visual apch o on vector o on SID/STAR o controlled o none o unknown o no radio o radar advisories	o visual apch o on vector o on SID/STAR o controlled o none o unknown o no radio o radar advisories

If more than two aircraft were involved, please describe the additional aircraft in the "Describe Event/Situation" section.

LOCATION / CONFLICTS

LOCATION	CONFLICTS
Altitude _____ o MSL o AGL	Estimated miss distance in feet: horiz _____ vert _____
Distance and radial from airport, NAVAID, or other fix	Was evasive action taken? o Yes o No
_____	Was TCAS a factor? o Yes o No
Nearest City/State _____	Did Conflict Alert Activate? o Yes o No

If you want to mail this form, please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:

NASA AVIATION SAFETY REPORTING SYSTEM
POST OFFICE BOX 189
MOFFETT FIELD, CALIFORNIA 94035-0189

If you wish to submit online, click the **Submit** button at the bottom of page 2 or 3 when complete.

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

NASA ARC 277A (January 1994)

Click here to securely submit to NASA ➡

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

NASA ARC 277A (January 1994)

Click here to securely submit to NASA ➜