

**DO NOT 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 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 \_\_\_\_\_

**Name** \_\_\_\_\_

**TYPE OF EVENT/SITUATION** \_\_\_\_\_

**ADDRESS/PO BOX:** \_\_\_\_\_

**DATE OF OCCURRENCE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**LOCAL TIME (24 hr. clock)** \_\_\_\_\_

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

REPORTER	FLYING TIME	CERTIFICATES/RATING		ATC EXPERIENCE	
<input type="checkbox"/> Captain <input type="checkbox"/> First Officer <input type="checkbox"/> pilot flying <input type="checkbox"/> pilot not flying <input type="checkbox"/> Other Crewmember <input type="checkbox"/> _____	total _____ hrs. last 90 days _____ hrs. time in type _____ hrs.	<input type="checkbox"/> student <input type="checkbox"/> commercial <input type="checkbox"/> instrument <input type="checkbox"/> multiengine <input type="checkbox"/> _____	<input type="checkbox"/> private <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> F/E <input type="checkbox"/> _____	<input type="checkbox"/> FPL radar _____ yrs. non-radar _____ yrs. supervisory _____ yrs. military _____ yrs.	<input type="checkbox"/> Developmental <input type="checkbox"/> _____ yrs.

AIRSPACE	WEATHER	LIGHT/VISIBILITY	ATC/ADVISORY SERV
<input type="checkbox"/> CLASS A (PCA) <input type="checkbox"/> CLASS B (TCA) <input type="checkbox"/> CLASS C (ARSA) <input type="checkbox"/> CLASS D (Control Zone/ATA) <input type="checkbox"/> CLASS E (General Controlled) <input type="checkbox"/> CLASS G (Uncontrolled)	<input type="checkbox"/> Special Use Airspace <input type="checkbox"/> airway/route _____ <input type="checkbox"/> unknown/other _____	<input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> mixed <input type="checkbox"/> marginal <input type="checkbox"/> rain <input type="checkbox"/> fog	<input type="checkbox"/> ice <input type="checkbox"/> snow <input type="checkbox"/> turbulence <input type="checkbox"/> thunderstorm <input type="checkbox"/> windshear <input type="checkbox"/> _____
		<input type="checkbox"/> daylight <input type="checkbox"/> dawn ceiling _____ feet visibility _____ miles RVR _____ feet	<input type="checkbox"/> night <input type="checkbox"/> dusk <input type="checkbox"/> local <input type="checkbox"/> ground <input type="checkbox"/> apch <input type="checkbox"/> dep Name of ATC Facility: _____

AIRCRAFT 1			AIRCRAFT 2		
<b>Type of Aircraft</b>	(Your Aircraft) _____	<input type="checkbox"/> EFIS <input type="checkbox"/> FMS/FMC	(Other Aircraft) _____	<input type="checkbox"/> EFIS <input type="checkbox"/> FMS/FMC	
<b>Operator</b>	<input type="checkbox"/> air carrier <input type="checkbox"/> commuter <input type="checkbox"/> military <input type="checkbox"/> private <input type="checkbox"/> corporate <input type="checkbox"/> other _____		<input type="checkbox"/> air carrier <input type="checkbox"/> commuter <input type="checkbox"/> military <input type="checkbox"/> private <input type="checkbox"/> corporate <input type="checkbox"/> other _____		
<b>Mission</b>	<input type="checkbox"/> passenger <input type="checkbox"/> cargo <input type="checkbox"/> training <input type="checkbox"/> pleasure <input type="checkbox"/> business <input type="checkbox"/> unk/other _____		<input type="checkbox"/> passenger <input type="checkbox"/> cargo <input type="checkbox"/> training <input type="checkbox"/> pleasure <input type="checkbox"/> business <input type="checkbox"/> unk/other _____		
<b>Flight Plan</b>	<input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> SVFR <input type="checkbox"/> DVFR <input type="checkbox"/> none <input type="checkbox"/> unknown		<input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> SVFR <input type="checkbox"/> DVFR <input type="checkbox"/> none <input type="checkbox"/> unknown		
<b>Flight phases at time of occurrence</b>	<input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach <input type="checkbox"/> landing <input type="checkbox"/> Missed approach/GAR <input type="checkbox"/> other _____		<input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach <input type="checkbox"/> landing <input type="checkbox"/> Missed approach/GAR <input type="checkbox"/> other _____		
<b>Control status</b>	<input type="checkbox"/> visual apch <input type="checkbox"/> controlled <input type="checkbox"/> no radio <input type="checkbox"/> on vector <input type="checkbox"/> none <input type="checkbox"/> radar advisories <input type="checkbox"/> on SID/STAR <input type="checkbox"/> unknown		<input type="checkbox"/> visual apch <input type="checkbox"/> controlled <input type="checkbox"/> no radio <input type="checkbox"/> on vector <input type="checkbox"/> none <input type="checkbox"/> radar advisories <input type="checkbox"/> on SID/STAR <input type="checkbox"/> unknown		

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

LOCATION	CONFLICTS
<b>Altitude</b> _____ <input type="checkbox"/> MSL <input type="checkbox"/> AGL <b>Distance and radial from airport, NAVAID, or other fix</b> _____ _____ <b>Nearest City/State</b> _____	Estimated miss distance in feet.   horiz _____   vert _____ Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Was TCAS a factor? <input type="checkbox"/> TA <input type="checkbox"/> RA <input type="checkbox"/> No Did GPWS activate? <input type="checkbox"/> Yes <input type="checkbox"/> 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 00-46D and FAA Handbook 7210.3. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this postage free form as completely as possible, fold it, 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 you 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 analyst 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).

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

**DESCRIBE EVENT/SITUATION**

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you might 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
- Contributing factors
- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

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

**DESCRIBE EVENT/SITUATION, continued...**

**CHAIN OF EVENTS**

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

**Extra page**

**HUMAN PERFORMANCE CONSIDERATIONS**

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