

**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 \_\_\_\_\_

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

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

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

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	Estimated miss distance in feet: horiz _____ vert _____
<b>Distance and radial from airport, NAVAID, or other fix</b> _____	Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Nearest City/State</b> _____	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. 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 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).

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

- 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
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**HUMAN PERFORMANCE CONSIDERATIONS**

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