

IDENTIFICATION STRIP: Please fill in all blanks. NO RECORD WILL BE KEPT OF YOUR IDENTITY.  
This section will be returned to you promptly.

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

(HOME) Area \_\_\_\_\_ No. \_\_\_\_\_ - \_\_\_\_\_ Hours \_\_\_\_\_  
(WORK) Area \_\_\_\_\_ No. \_\_\_\_\_ - \_\_\_\_\_ Hours \_\_\_\_\_

(SPACE RESERVED FOR ASRS DATE/TIME STAMP)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF EVENT/SITUATION \_\_\_\_\_  
DATE OF OCCURRENCE \_\_\_\_\_  
LOCAL TIME (24 hr. clock) \_\_\_\_\_

Except for reports of aircraft accidents and criminal activities — which are not included in the ASRS and should not be submitted to NASA — all identities contained in this report will be removed to assure complete reporter anonymity.

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

REPORTER'S ROLE DURING OCCURRENCE

(pilot-flying, radar controller, cabin crew, maintenance, etc.) \_\_\_\_\_

REPORTER	FLYING TIME	CERTIFICATES/RATINGS	ATC EXPERIENCE
<input type="checkbox"/> captain/pilot	total _____ hrs.	<input type="checkbox"/> student	<input type="checkbox"/> FPL
<input type="checkbox"/> first officer	last 90 days _____ hrs.	<input type="checkbox"/> commercial	<input type="checkbox"/> developmental
<input type="checkbox"/> other crewmember	in acft type _____ hrs.	<input type="checkbox"/> instrument	radar _____ yrs.
<input type="checkbox"/> controller		<input type="checkbox"/> multiengine	non-radar _____ yrs.
<input type="checkbox"/> _____		<input type="checkbox"/> _____	supervisory _____ yrs.
			military _____ yrs.

DESCRIBE ONE AIRCRAFT IN THIS SECTION (PILOTS DESCRIBE YOUR OWN) AND ADDITIONAL AIRCRAFT IN THE "DESCRIBE EVENT/SITUATION" SECTION:

AIRFRAME/ENGINES	OPERATOR	PURPOSE OF FLIGHT	FLIGHT PLAN
<input type="checkbox"/> low fixed wing	<input type="checkbox"/> scheduled carrier	<input type="checkbox"/> passenger	<input type="checkbox"/> VFR
<input type="checkbox"/> high fixed wing	<input type="checkbox"/> supplemental carrier	<input type="checkbox"/> cargo	<input type="checkbox"/> IFR
<input type="checkbox"/> rotary wing	<input type="checkbox"/> FBO/flying school	<input type="checkbox"/> business	<input type="checkbox"/> SVFR
<input type="checkbox"/> advanced/automated cockpit (e.g., CRT's, FMS, etc.)	<input type="checkbox"/> commuter	<input type="checkbox"/> training	<input type="checkbox"/> none
<input type="checkbox"/> _____	<input type="checkbox"/> corporate	<input type="checkbox"/> pleasure	
crew size _____	<input type="checkbox"/> government	<input type="checkbox"/> _____	
pax seats _____	<input type="checkbox"/> military ( _____ )	<input type="checkbox"/> _____	
gross weight _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
no. of engines _____			

NAVIGATION  
IN USE

AIRSPACE/LOCALE	ATC/ADVISORY SERVICE	FLIGHT CONDITIONS	LIGHT AND VISIBILITY
<input type="checkbox"/> uncontrolled	<input type="checkbox"/> ground	<input type="checkbox"/> VMC	<input type="checkbox"/> daylight
<input type="checkbox"/> control zone	<input type="checkbox"/> local	<input type="checkbox"/> mixed	<input type="checkbox"/> dawn
<input type="checkbox"/> special use airspace	<input type="checkbox"/> center	<input type="checkbox"/> t'storm	<input type="checkbox"/> dusk
<input type="checkbox"/> airway/route	<input type="checkbox"/> UNICOM	<input type="checkbox"/> turbulence	<input type="checkbox"/> night
ALTITUDE _____	Name of ATC Facility _____	<input type="checkbox"/> rain	ceiling _____ feet
<input type="checkbox"/> MSL (or)		<input type="checkbox"/> fog	visibility _____ miles
<input type="checkbox"/> AGL		<input type="checkbox"/> snow	RVR _____ feet
NEAREST CITY _____		<input type="checkbox"/> ice	

SPECIFY LOCATION BY REFERENCE TO AN AIRPORT, NAVAID, OR OTHER FIX (distance, bearing, etc.): \_\_\_\_\_

AIRCRAFT FLIGHT PHASES AT TIME OF OCCURRENCE (preflight, takeoff, cruise, hover, etc.) \_\_\_\_\_

IF A CONFLICT: Evasive action? ☐ yes ☐ no ☐ no time ☐ unknown. Estimated miss in feet \_\_\_\_\_ vert'l \_\_\_\_\_ horiz'l.

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. (CONTINUE ON THE OTHER SIDE AND USE ADDITIONAL PAPER IF NEEDED).

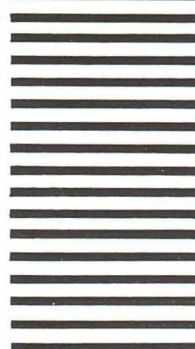
National Aeronautics and  
Space Administration  
**Ames Research Center**  
Moffett Field, California 94035

Official Business  
Penalty for Private Use \$300

FIRST CLASS  
AVIATION SAFETY DATA —  
DO NOT DELAY



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 12028 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NASA

NASA Aviation Safety Reporting System  
Post Office Box 189  
Moffett Field, California 94035

**NATIONAL AERONAUTICS AND  
SPACE ADMINISTRATION**

NASA has established an Aviation Safety Reporting System to identify problems in the aviation system which require correction. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46C. Your assistance in informing us about such problems 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.

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. THE IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

**AVIATION SAFETY  
REPORTING SYSTEM**

Section 91.57 of the Federal Aviation Regulations (14 CFR 91.57) 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. Thank you for your assistance.

**NOTE:** AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM—SUCH REPORTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY 49CFR830.

15. NARRATIVE DESCRIPTION (continued): *(Use additional sheets if necessary)*

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SECOND FOLD HERE