

GENERAL FORM

*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.*

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 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.

REPORTER Reset	FLYING TIME (IN HOURS)
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Captain <input type="radio"/> First Officer <input type="radio"/> Pilot Flying <input type="radio"/> Pilot Not Flying <input type="radio"/> Relief Pilot <input type="radio"/> Check Airman </div> <div style="width: 45%;"> <input type="radio"/> Single Pilot <input type="radio"/> Instructor <input type="radio"/> Dispatcher: <input type="text"/> yrs. <input type="radio"/> Other: <input type="text"/> </div> </div>	Total Time: <input type="text"/> hrs Last 90 Days: <input type="text"/> hrs Time in Type: <input type="text"/> hrs

CERTIFICATES & RATINGS	ATC EXPERIENCE Reset
(Select Certificate) ▾ <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Instrument <input type="checkbox"/> Multiengine <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other: <input type="text"/>	<input type="radio"/> FPL <input type="radio"/> Developmental <hr/> Radar <input type="text"/> yrs. Supervisory <input type="text"/> yrs. Non-Radar <input type="text"/> yrs. Military <input type="text"/> yrs.

AIRSPACE	CONDITIONS / WEATHER ELEMENTS	LIGHT / VISIBILITY	ATC / ADVISORY SVC.
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input type="checkbox"/> Class G <input type="checkbox"/> Special Use <input type="checkbox"/> TFR	(Select Condition) ▾ <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Haze/Smoke <input type="checkbox"/> Turbulence <input type="checkbox"/> Icing <input type="checkbox"/> Windshear <input type="checkbox"/> Rain Other: <input type="text"/>	(Select Light) ▾ Ceiling: <input type="text"/> feet Visibility: <input type="text"/> miles RVR: <input type="text"/> feet	(Select ATC) ▾ ATC Facility Name: <input type="text"/>

AIRCRAFT 1

Your 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 Airway (ID):

Oceanic None STAR (ID):

Vectors Other: SID (ID):

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

Add Aircraft

LOCATION <input type="button" value="Reset"/>	CONFLICTS <input type="button" value="Reset"/>
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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.

- | | |
|--|---|
| <p style="text-align: center;">CHAIN OF EVENTS</p> <ul style="list-style-type: none"> - How the problem arose - Contributing factors - How it was discovered - Corrective actions | <p style="text-align: center;">HUMAN PERFORMANCE CONSIDERATIONS</p> <ul style="list-style-type: none"> - Perceptions, judgements, decisions - Factors affecting the quality of human performance - Actions or inactions |
|--|---|

[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 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.

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, 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.

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.