

AIR TRAFFIC INCIDENT REPORT FORM (for pilot)

Please forward written form to:
Aircraft Accident Investigation Bureau
FAX +41 (0) 26 662 33 01

1 ⇨	Airprox <input type="checkbox"/>	Procedure <input type="checkbox"/>	Facility <input type="checkbox"/>	TCAS / ACAS <input type="checkbox"/>		
2 ⇨	Radio callsign of reporting aircraft: _____					
Date and time of incident: _____ UTC	Pilot: _____	Aircraft registration: _____				
Time in min./sec. elapsed between first sighting and closest proximity: _____	Avoiding action: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, based on TCAS: <input type="checkbox"/> yes <input type="checkbox"/> no				
Type of aircraft: _____	Aerodrome of departure: _____	Aerodrome of destination: _____				
In communication with: _____	FIR and/or country: _____	Frequency: _____				
Radar identified: <input type="checkbox"/> yes <input type="checkbox"/> no	Traffic information received: <input type="checkbox"/> yes <input type="checkbox"/> no	Transponder / SSR-code: _____				
3 ⇨	Position _____	HDG or route: _____	TAS _____ kts			
4 ⇨	FL, altitude or height	1) At time of incident: _____ m / ft / FL	Level flight <input type="checkbox"/>	Climb <input type="checkbox"/>	Descend <input type="checkbox"/>	
2) At first sighting: _____ m / ft / FL	Level flight <input type="checkbox"/>	Climb <input type="checkbox"/>	Descend <input type="checkbox"/>	Altimeter setting: _____ hPa		
5 ⇨	Flight weather conditions	1) In general:	IMC <input type="checkbox"/>	VMC <input type="checkbox"/>		
2) In particular:	On top <input type="checkbox"/>	Below clouds <input type="checkbox"/>	In clouds <input type="checkbox"/>	Between layers <input type="checkbox"/>	In and out of clouds <input type="checkbox"/>	Sky clear <input type="checkbox"/>
3) Distance from clouds	Vertical: _____ m / ft	Horizontal: _____ m / ft / NM	Sky coverage:			
4) Flight visibility: _____ km / NM	Into sun <input type="checkbox"/>	Out of sun <input type="checkbox"/>	In haze <input type="checkbox"/>	Remarks:		

6 ⇨ Description of other aircraft			1) Registration / RTF call sign: _____	2) Type of aircraft: _____
3) Markings, colours and or lights: _____		Camouflage: <input type="checkbox"/> yes <input type="checkbox"/> no		4) Shape: _____
5) Low wing <input type="checkbox"/>	High wing <input type="checkbox"/>	Shoulder wing <input type="checkbox"/>	6) Number and position of engines: _____	7) Estimated heading: <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right
8) Level flight <input type="checkbox"/>	Climb <input type="checkbox"/>	Descend <input type="checkbox"/>	9) Other relevant information: _____	SSR-code: _____

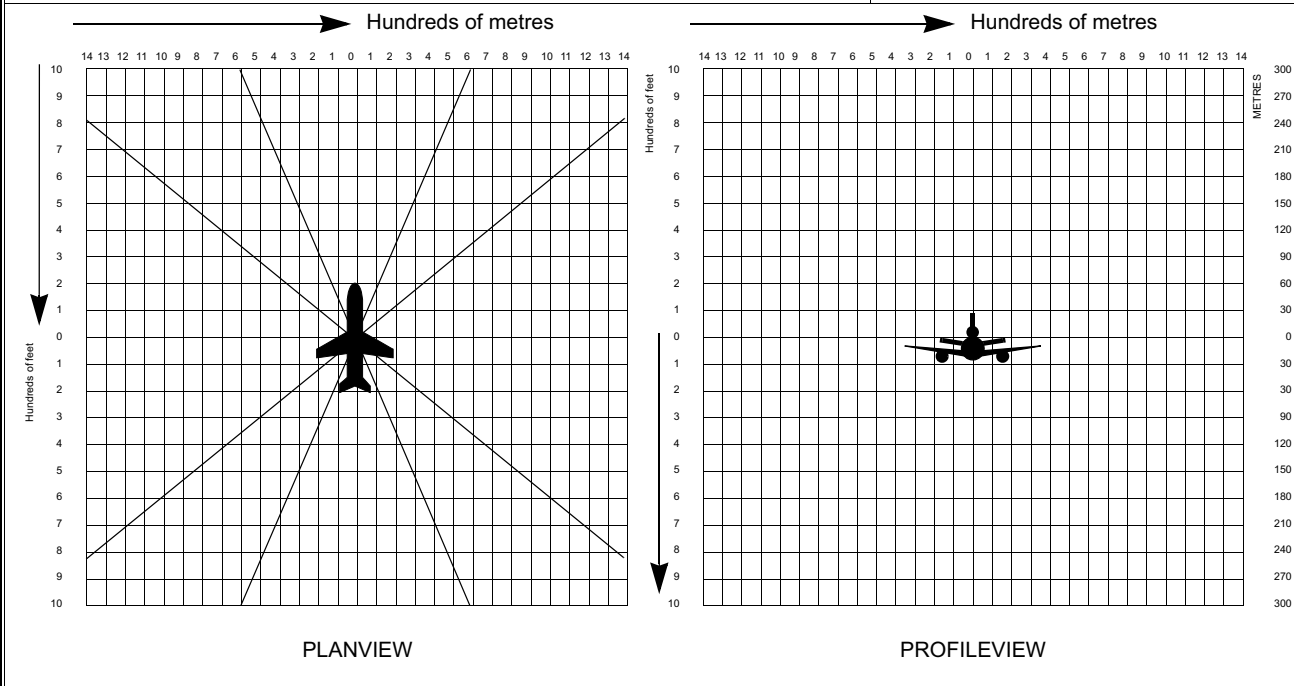
7 ⇨ Description of incident

In case of airprox/sighting: including relative flight path, vertical and horizontal distance to other aircraft at first sighting and at time of incident, executed and/or observed avoiding actions

8 ⇨ Pilot's judgement: Risk of incident was: high low none

9 ⇨ Information from ATC Unit

1) Traffic information issued: <input type="checkbox"/> yes <input type="checkbox"/> no	2) Information issued: <input type="checkbox"/> Direction <input type="checkbox"/> Distance <input type="checkbox"/> Heading
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Signature of reporting person: _____ **Date:** _____

Please forward written form to:
Aircraft Accident Investigation Bureau, Aéroport 1, Route de Morens, CH - 1530 Payerne
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