**AIR TRAFFIC INCIDENT REPORT FORM**  
(for pilot)

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

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<th>Airprox</th>
<th>Procedure</th>
<th>Facility</th>
<th>TCAS / ACAS</th>
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| 2 | Radio callsign of reporting aircraft: |

Date and time of incident: Pilot: Aircraft registration:  
_______________________ UTC ________________________________ ________________________________

Time in min./sec. elapsed between first sighting and closest proximity: Avoiding action: If yes, based on TCAS:  
______________________________________________  
☐ yes ☐ no ☐ yes ☐ no

Type of aircraft: Aerodrome of departure: Aerodrome of destination:  
________________________________ ________________________________ ________________________________

In communication with: FIR and/or country: Frequency:  
________________________________ ________________________________ ________________________________

Radar identified: Traffic information received: Transponder / SSR-code:  
☐ yes ☐ no ☐ yes ☐ no ________________________________

| 3 | Position |

HDG or route: TAS  
__________________________ ___________________________ kts

| 4 | FL, altitude or height |

1) At time of incident: Level flight Climb Descend  
________________ m / ft / FL  
☐ ☐ ☐

2) At first sighting: Level flight Climb Descend Altimeter setting:  
________________ m / ft / FL  
☐ ☐ ☐ ☐  
________________ hPa

| 5 | Flight weather conditions |

1) In general: IMC ☐ VMC ☐  
2) In particular: On top Below clouds In clouds Between layers In and out of clouds Sky clear  
☐ ☐ ☐ ☐ ☐ ☐ 
3) Distance from clouds Vertical: Horizontal: Sky coverage:  
________________ m / ft __________________ m / ft / NM  

4) Flight visibility: Into sun Out of sun In haze Remarks:  
________________ km / NM ☐ ☐ ☐ ☐
6  Description of other aircraft

1) Registration / RTF call sign: ____________________________
2) Type of aircraft: ____________________________

3) Markings, colours and or lights: Camouflage: yes □ no □

4) Shape: □ Turning left □ Turning right

5) Low wing □ High wing □ Shoulder wing □

6) Number and position of engines: □

7) Estimated heading: Turning left □ Turning right □

8) Level flight □ Climb □ Descend □

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: □ yes □ no

2) Information issued: □ Direction □ Distance □ Heading

Signature of reporting person: ____________________________
Date: ____________________________

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Aircraft Accident Investigation Bureau, Aéropôle 1, Route de Morens, CH - 1530 Payerne
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REISSUE 2009  SKYGUIDE, CH-8602 WANGEN BEI DUBENDORF