

5. AIR TRAFFIC INCIDENT REPORT

For use when submitting and receiving reports on air traffic incidents. In an initial report by radio, items with an asterisk () should be included.*

A - AIRCRAFT IDENTIFICATION*		B - TYPE OF INCIDENT*	
		AIRPROX / PROCEDURE / FACILITY ¹⁾	
C - THE INCIDENT*			
1. General*			
a)*	Date / time of incident.....UTC		
b)*	Position.....		
2. Own aircraft			
a)*	Heading and route.....		
b)*	True airspeed.....measured in () kt () km/h		
c)*	Level and altimeter setting.....		
d)*	Aircraft climbing or descending		
	() Level flight	() Climbing	() Descending
e)	Aircraft bank angle		
	() Wings level	() Slight bank	() Moderate bank
	() Steep bank	() Inverted	() Unknown
f)	Aircraft direction of bank		
	() Left	() Right	() Unknown
g)	Restrictions to visibility (select as many as required)		
	() Sun glare	() Windscreen pillar	() Dirty windscreen
	() Other cockpit structure	() None	
h)	Use of aircraft lighting (select as many as required)		
	() Navigation lights	() Strobe lights	() Cabin lights
	() Red anti-collision lights	() Landing / taxi lights	() Logo (tail fin) lights
	() Other	() None	
i)	Traffic avoidance advice issued by ATS		
	() Yes, based on radar	() Yes, based on visual sighting	
	() Yes, based on other information	() No	
j)	Traffic information issued		
	() Yes, based on radar	() Yes, based on visual sighting	() Yes, based on other information
	() No		
k)	Airborne collision avoidance system - ACAS		
	() Not carried	() Type	() Traffic advisory issued
	() Resolution advisory issued	() Traffic advisory or resolution advisory not issued	
l)	Radar identification		
	() No radar available	() Radar identification	() No radar identification
m)	Other aircraft sighted		
	() Yes	() No	() Wrong aircraft sighted
¹⁾ Delete as appropriate			

	n)*	Avoiding action taken					
		()	Yes	()	No		
	o)		Type of flight plan		IFR / VFR/none ¹⁾		
3. Other aircraft							
	a)*	Type and call sign / registration (if known)					
	b)*	If a) above not known, describe below					
		()	High wing	()	Mid Wing	()	Low wing
		()	Rotorcraft				
		()	1 engine	()	2 engine	()	3 engine
		()	4 engine	()	More than 4 engines		
		Marking colour or other available details					
	c)*	Aircraft climbing or descending					
		()	Level flight	()	Climbing	()	Descending
		()	Unknown				
	d)	Aircraft bank angle					
		()	Wings level	()	Slight bank	()	Moderate bank
		()	Steep bank	()	Inverted	()	Unknown
	e)	Aircraft direction of bank					
		()	Left	()	Right	()	Unknown
	f)	Lights displayed					
		()	Navigation lights	()	Strobe lights	()	Cabin lights
		()	Red anti-collision lights	()	Landing / taxi lights	()	Logo (tail fin) lights
		()	Other	()	None	()	Unknown
	g)	Traffic avoidance advice issued by ATS					
		()	Yes, based on radar	()	Yes, based on visual sighting	()	Yes, based on other information
		()	No				
	h)	Traffic information issued					
		()	Yes, based on radar	()	Yes, based on visual sighting	()	Yes, based on other information
		()	No	()	Unknown		
	i)*	Avoiding action taken					
		()	Yes	()	No		
4. Distance*							
	a)*	Closest horizontal distance.....					
	b)*	Closest vertical distance.....					
5. Flight weather conditions							
	a)	IMC / VMC ¹⁾					
	b)	Above / below ¹⁾ clouds / fog / haze or between layers ¹⁾					
¹⁾ Delete as appropriate							

	c)	Distance vertically from cloud.....m / ft ¹⁾ below.....m / ft ¹⁾ above
	d)	In cloud / rain / snow / sleet / fog / haze ¹⁾
	e)	Flying into / out of ¹⁾ sun
	f)	Flight visibility.....m / km ¹⁾
6. Any other information considered important by the pilot-in-command		
D - MISCELLANEOUS		
1. Information regarding reporting aircraft		
a)	Aircraft registration.....	
b)	Aircraft type.....	
c)	Operator.....	
d)	Aerodrome of departure.....	
e)*	Aerodrome of first landing.....destination.....	
f)	Reported by radio or other means to.....(name of ATS unit) at time.....UTC	
g)	Date / time / place of completion of form.....	
2. Function, address and signature of person submitting report		
a)	Function.....	
b)	Address.....	
c)	Signature.....	
c)	Telephone number.....	
3. Function and signature of person receiving report		
a)	Function.....	b) Signature.....
E - SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERNED		
1. Receipt of report		
a)	Report received via AFS / radio / Telephone / other (specify) ¹⁾	
b)	Report received by.....(name of ATS unit)	
2. Details of ATS action		
	Clearance, incident seen (radar / visually, warning given, result of local enquiry, etc.)	
¹⁾ Delete as appropriate		