

AIR TRAFFIC INCIDENT REPORT FORM (for pilot)

Please forward written form to:

Swiss Transportation Safety Investigation
Board (STSB)
3003 Bern/Switzerland
Fax: +41 (0) 58 466 33 01
E-Mail: info-av@stsb.admin.ch

1 ⇨	Airprox	Procedure	Facility	TCAS / ACAS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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**

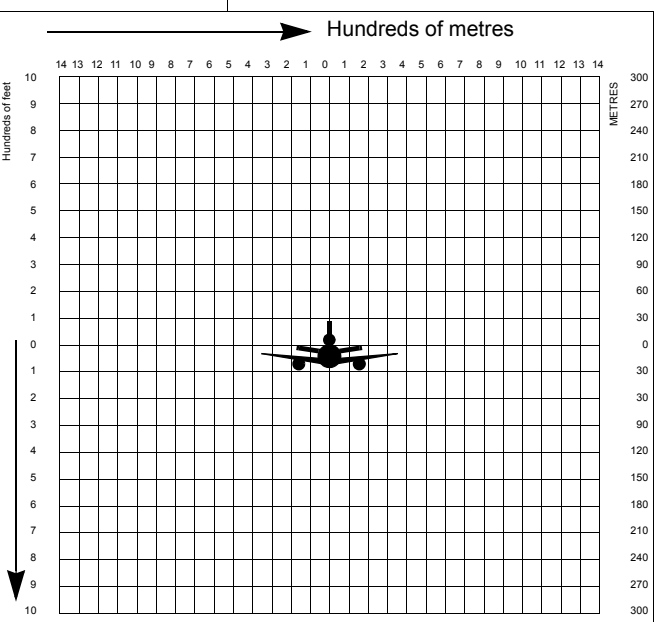
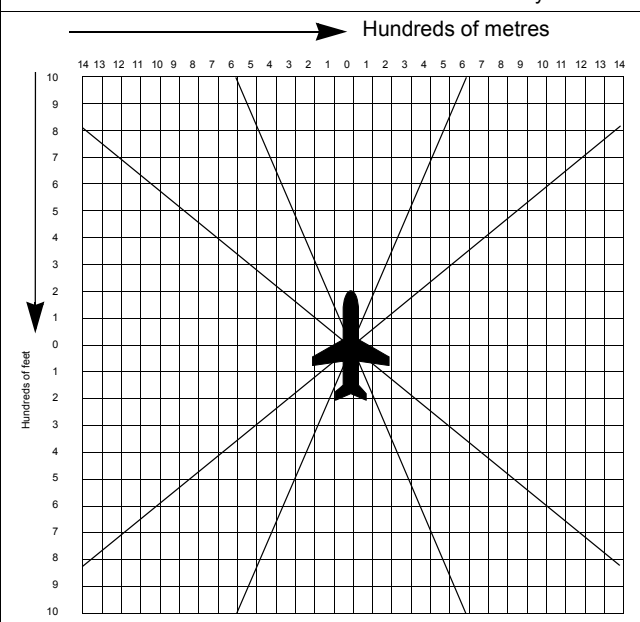
In case of airprox/sighting: including relative flight path, vertical and horizontal distance to other aircraft at first sighting and at time of incident, executed and/or observed avoiding actions. If avoiding action was based on TCAS, state kind of advisory.

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:** _____