

# AIRCRAFT CONFLICT INITIAL REPORT

(Complete known information below. Attach additional narrative sheet if necessary.)

Date/Time:

Submitted By: Name/Position \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REPORTING PARTY (RP) INFORMATION:** (if different from above)

RP Location was  Airborne  Ground Estimated Dist. from RP to Observed Aircraft: \_\_\_\_\_

RP Location during observation: (Geographic Landmark, Incident Division, Latitude-Longitude, etc.)

**TYPE OF CONFLICT or OBSERVATION** (Check one or more as applicable):

Aircraft in general vicinity  Near Mid-Air Collision  In Military SUA or MTR  TFR Intrusion  Other:

Estimated separation distance between aircraft:

**AIRCRAFT INFORMATION:** Observed Aircraft was operated by:  Military  Civilian  unknown

Category:  UAS  Airplane  Helicopter  Ultralight  Hang glider/Paraglider  Other \_\_\_\_\_

If a fixed wing/airplane:  High-Wing  Low-Wing  Biplane  Twin-tail booms  V-tail  Other  unknown

Engine Configuration: (Number and type of engines/rotors, Jet vs. Prop, etc.) \_\_\_\_\_

Landing Gear:  Fixed (Tricycle or Tailwheel)  Retractable  Floatplane  Other  unknown

Paint Colors or Distinct Markings: (Include N #, if known) \_\_\_\_\_

Make/Model (if known): \_\_\_\_\_ Approx. Altitude: \_\_\_\_\_ AGL

Observed Activity:  straight/level  circling  erratic maneuvering  hover/slow flight

**NARRATIVE:**

If TFR Intrusion, was FAA/DEN notified?  
 Yes  No

Was a SAFECOM submitted?  
 Yes  No (to be filed)

## SUPPLEMENTAL INFORMATION FOR UAS INTRUSION

Type of UAS if known:

- Fixed-Wing
- Helicopter
- Quad Copter
- Other

Approx. size of UAS:

Types of Agency Aircraft Flying:

- Rotor-Wing
- Fixed-Wing
- None

Were Agency Aircraft Grounded?

- Yes
- No

Types of operations impacted: (airtanker, bucket, aerial ignition, recon, etc.)

Was UAS Operator Located?

- Yes  No

If yes, by whom?

Describe nature of contact: (Visual only, conversation, etc.)

UAS Operator description or Vehicle description (if known):

Was LE Officer Notified?  Yes  No  
Did LE contact Operator?  Yes  No  Unknown  
Name/Agency of LE Officer:

Phone/Email:

Status of Investigation (if known):

This report was submitted to the GACC, UAO/FAO, RASM, SAM, or other Aviation Manager, National Airspace Coordinator, and dispatch (specify names) \_\_\_\_\_ by:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date and Time: \_\_\_\_\_