



# 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 notified? ☐ Yes ☐ No

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

## SUPPLEMENTAL INFORMATION FOR UAS INTRUSION

<b>Type of UAS if known:</b> <input type="checkbox"/> Fixed-Wing <input type="checkbox"/> Helicopter <input type="checkbox"/> Quad Copter <input type="checkbox"/> Other	<b>Approx. size of UAS:</b>	<b>Types of Agency Aircraft Flying:</b> <input type="checkbox"/> Rotor-Wing <input type="checkbox"/> Fixed-Wing <input type="checkbox"/> None	<b>Were Agency Aircraft Grounded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Types of operations impacted:</b> (airtanker, bucket, aerial ignition, recon. etc.)
<b>Was UAS Operator Located?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, by whom?</b>  <b>Describe nature of contact:</b> (Visual only, verbal, etc.)	<b>UAS Operator description or Vehicle description (if known):</b>		<b>Was LE Officer Notified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Did LE contact Operator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Name/Agency of LE Officer:</b>  <b>Phone/Email:</b>  <b>Status of Investigation (if known):</b>	

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

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

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

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