

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

1-540-422-4423

1-540-422-4424

1-540-422-4425

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 UAO/FAO, RASM, SAM, or other Aviation Manager, National Airspace Coordinator, and dispatch (specify names) _____ by:

Name: _____ Position: _____ Phone: _____ Email: _____

Date and Time: _____