



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

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

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: _____