

## AIR TRAFFIC INCIDENT REPORT FORM

*For use when submitting and receiving reports on Air Traffic Incidents. In an initial report by radio, shaded items should be included.*

**A - AIRCRAFT IDENTIFICATION:**

**B - TYPE OF INCIDENT:**

AIRPROX / PROCEDURES / FACILITY / OBSTRUCTION ON RUNWAY / RUNWAY INCURSION (Delete as appropriate).

**C - THE INCIDENT**

**1. General**

- a) Date / Time of incident:..... UTC  
 b) Position:.....

**2. Own Aircraft**

- a) Heading and Route:.....  
 b) True Airspeed:.....measured in  kt.....  km/h.....  
 c) Level and altimeter setting:.....  
 d) Aircraft climbing or descending:.....

Level flight                       Climbing                       Descending

e) Aircraft Bank Angle

Wings Level                       Slight Bank                       Moderate Bank  
 Steep Bank                       Inverted                       Unknown

f) Aircraft direction of bank

Left                       Right                       Unknown

g) Restrictions to visibility (select as many as required)

Sunglare                       Windscreen pillar                       Dirty windscreen  
 Other cockpit structure                       None

h) Use of aircraft lighting (select as many as required)

Navigation lights                       Strobe lights                       Cabin lights  
 Red anti-collision lights                       Landing / taxi lights                       Logo (tail fin) lights  
 Other                       None

i) Traffic avoidance advice issued by ATS

Yes, based on Radar                       Yes, based on visual sighting                       Yes, based on other information  
 No

j) Traffic information issued

- Yes, based on Radar       Yes, based on visual sighting       Yes, based on other information  
 No

k) Airborne collision avoidance system - ACAS

- Not carried       Type       Traffic advisory issued  
 Resolution advisory issued       Traffic advisory or resolution advisory not issued

l) Radar Identification

- No Radar available       Radar identification       No Radar identification

m) Other aircraft sighted

- Yes       No       Wrong aircraft sighted

n) Avoiding action taken

- Yes       No

o) Type of Flight Plan

- IFR       VFR       None

### 3. Other Aircraft

a) Type and call sign / registration (if known):.....

b) If item (a) above is not known, describe below

- High wing       Mid wing       Low wing  
 Rotorcraft  
 1 Engine       2 Engines       3 Engines  
 4 Engines       More than 4 Engines

Marking, color or other available details: .....

c) Aircraft climbing or descending

- Level flight       Climbing       Descending  
 Unknown

d) Aircraft bank angle

- Wings Level       Slight bank       Moderate bank  
 Steep bank       Inverted       Unknown

e) Aircraft direction of bank

- Left       Right       Unknown

f) Lights displayed

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Navigation lights         | <input type="checkbox"/> Strobe lights         | <input type="checkbox"/> Cabin lights           |
| <input type="checkbox"/> Red anti-collision lights | <input type="checkbox"/> Landing / taxi lights | <input type="checkbox"/> Logo (tail fin) lights |
| <input type="checkbox"/> Other                     | <input type="checkbox"/> None                  |   |

g) Traffic avoidance advice issued by ATS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Yes, based on Radar | <input type="checkbox"/> Yes, based on visual sighting | <input type="checkbox"/> Yes, based on other information |
| <input type="checkbox"/> No                  | <input type="checkbox"/> Unknown                       |  |

h) Traffic information issued

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Yes, based on Radar | <input type="checkbox"/> Yes, based on visual sighting | <input type="checkbox"/> Yes, based on other information |
| <input type="checkbox"/> No                  | <input type="checkbox"/> Unknown                       |  |

i) Avoiding action taken

- |  |                             |                                  |
|--|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes, based on Radar | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|--|-----------------------------|----------------------------------|

**4. Distance**

a) Closest horizontal distance:.....

b) Closest vertical distance:.....

**5. Flight Weather Conditions** (\* Delete as appropriate)

- IMC / VMC\*
- Above / below\* clouds / fog / haze or between layers\*
- Distance vertically from cloud \_\_\_\_\_ m / ft\* below \_\_\_\_\_ m / ft\* above
- In cloud / rain / snow / sleet / fog / haze\*
- Flying into / out of\* sun
- Flight visibility \_\_\_\_\_ m / km\*

**6. Any other information considered important by the Pilot-in-Command**

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**D - MISCELLANEOUS**

**1. Information regarding reporting aircraft**

- a) Aircraft Registration: \_\_\_\_\_ b) Aircraft Type: \_\_\_\_\_  
 c) Operator: \_\_\_\_\_ d) Aerodrome of Departure: \_\_\_\_\_  
 e) Aerodrome of first landing: \_\_\_\_\_ Destination: \_\_\_\_\_  
 f) Reported by radio or other means to: \_\_\_\_\_ (name of ATS unit) at time \_\_\_\_\_ UTC  
 g) Date / time / place of completion of form: \_\_\_\_\_

**2. Function, address and signature of person submitting report**

- a) Function: \_\_\_\_\_ b) Address: \_\_\_\_\_  
 c) Signature: \_\_\_\_\_ d) Mobile Number: \_\_\_\_\_

**3. Function and signature of person receiving report**

- a) Function: \_\_\_\_\_ b) Signature: \_\_\_\_\_

**E - SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERNED**

**1. Receipt of Report**

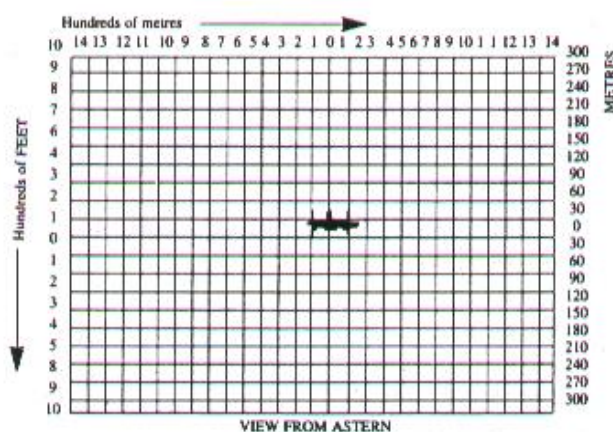
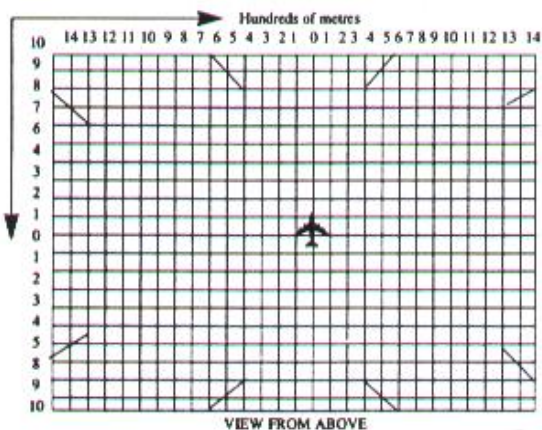
- a) Report received via AFTN / radio / telephone / other (specify): \_\_\_\_\_  
 b) Report received by: \_\_\_\_\_ (name of ATS unit)

**2. Details of ATS action {Clearance, incident seen (radar/visually, warning given, result of local enquiry, etc.)}**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DIAGRAMS OF AIRPROX**

Mark passage of other aircraft relative to you, in plan on the left and in elevation on the right, assuming YOU are at the centre of each diagram. Include first sighting and passing distance.



Reported by:

Title:

Date:

This form, when completed, should be fax or email to: Fax: (965) 24765796 OR Email: [safety@dgca.gov.kw](mailto:safety@dgca.gov.kw) ; [mor-asd@dgca.gov.kw](mailto:mor-asd@dgca.gov.kw)