

WAKE TURBULENCE REPORT – PILOT AND/OR AIR TRAFFIC CONTROL

For use by Pilots and ATCOs to report involved in Wake Turbulence encounters in any Phase of Flight, including those hazardous cases that qualify as Reportable Occurrences in accordance with the KCASR and the EU Directive 2003/ 42. The Report Form may be used for all Wake Turbulence Encounters or by Aircraft generating Wake Turbulence.

1.1. IS THIS INCIDENT REPORTABLE UNDER THE MOR SCHEME?		1.2. DATE / TIME OF INCIDENT	
Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES, this form should be sent to DGCA MORC Team)		
2.1. WERE YOU ENCOUNTERING OR GENERATING THE WAKE TURBULENCE?		2.2. AIR TRAFFIC CONTROL REPORT	
Encountering <input type="checkbox"/> Generating <input type="checkbox"/>		Air Traffic Control Unit.....	
3. AIRCRAFT FLIGHT DETAILS			
This information is requested in support of investigations into the phenomenon of Wake Vortices and to support flight safety			
Date of incident:.....	Time (UTC):.....	Operator:.....	Callsign:.....
Registration:.....	Type & series:.....	Departure Airport:.....	Destination Airport:.....
SSR code:.....	Flight phase:.....	Altitude or Flt Level:.....	Speed:.....
Weight:.....	Heading:.....	RWY Designation:.....	RWY State:.....
Geographical Position:.....			
4. WAKE TURBULENCE EFFECT ON AIRCRAFT			
Attitude change including rate of change:		Pitch (degrees):.....	Rate of Change:.....
Roll (degrees):.....	Rate of Change:.....	Yaw (degrees):.....	Rate of Change:.....
Speed change (kt)±:.....	Altitude change (ft)±:.....	Heading change (degrees):.....	
Was buffeting experienced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was there stall warning? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details:			
What recovery actions did you take (if any)?			
What made you suspect Wake Vortex as the cause of the disturbance?.....			
5. CONSEQUENCES OF THE WAKE TURBULENCE ENCOUNTER			
No Significant Consequences <input type="checkbox"/>	Terminated approach or executed a 'go around' <input type="checkbox"/>	Landed long or fast <input type="checkbox"/>	
Unstabilised approach <input type="checkbox"/>	Loss of aircraft control <input type="checkbox"/>	GPWS activation <input type="checkbox"/>	
Conflict with other aircraft <input type="checkbox"/>	Physical injury <input type="checkbox"/>	Aircraft damage <input type="checkbox"/>	
Level change request <input type="checkbox"/>	Heading change request <input type="checkbox"/>	Other (please state below) <input type="checkbox"/>	
Other (e.g. Autopilot Disengaged):.....			
6. ENCOUNTER OCCURRED IN DEPARTURE PHASE			
What SID were you on?			
Were you turning? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you use a reduced-thrust take-off? Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. ENCOUNTER OCCURRED IN ARRIVAL PHASE

What STAR were you on? Was the aircraft turning? Yes No

What type of approach were you making? Visual Precision Non-Precision

Where you on base-leg? Yes No Where were you in relation to the glideslope? High Low On

Where was the aircraft in relation to the centerline/localizer? Left Right On

How many miles were you from the touchdown?

8. ENCOUNTER OCCURRED IN CRUISE

Which Airway or Route were you on?

Were you operating a Lateral offset? Yes No If not, did you consider an offset? Yes No

9. ENCOUNTERING AIRCRAFT INFORMATION ON AIRCRAFT GENERATING WAKE TURBULENCE (IF KNOWN)

Were you aware of the aircraft generating the wake turbulence? Yes No

If known, please provide the following information about the generating aircraft:
 Operator:..... Callsign:..... Type & Series:..... Flight Phase:.....
 Estimated separation between aircraft (NM/ft/minutes):.....
 Comments:

10. CONFIGURATION OF YOUR AIRCRAFT

Autopilot:..... Autothrottle:..... Gear:.....
 Flap:..... Slat:..... Spoilers:.....

11. METEOROLOGY

IMC: VMC: Wind Direction:..... Wind Speed:.....
 Visibility:..... Cloud:..... Temperature:..... Dew Point:.....
 QNH:..... Wind Shear reported or experienced:..... Weather:.....
 Turbulence: Light Moderate Severe

12. REPORTING ACTION

Did you report the incident to ATC at the time? Yes No

13. FDM DATA

Could FDM data be made available for further investigation/research? Yes No

Please supply FDM contact details:

14. OTHER INFORMATION CONSIDERED RELEVANT

15. REPORT FILERS NAME

Name:..... Designation:.....
 Date:..... E-mail:.....

16. SUBMISSION INSTRUCTIONS

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