

AIR TRAFFIC INCIDENT REPORT FORM

(for pilot)

Please forward written form to:

Swiss Transportation Safety
Investigation Board (STSB)
3003 Bern/Switzerland
Fax: +41 (0) 58 466 33 01
E-Mail: info-av@sust.admin.ch

1 ⇌	Airprox	Procedure	Facility	TCAS / ACAS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 ⇌ Radio callsign of reporting aircraft: _____			
Date and time of incident: _____ UTC	Pilot: _____	Aircraft registration: _____	
Time in min./sec. elapsed between first sighting and closest proximity: _____	Avoiding action: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, based on TCAS: <input type="checkbox"/> yes <input type="checkbox"/> no	
Type of aircraft: _____	Aerodrome of departure: _____	Aerodrome of destination: _____	
In communication with: _____	FIR and/or country: _____	Frequency: _____	
Radar identified: <input type="checkbox"/> yes <input type="checkbox"/> no	Traffic information received: <input type="checkbox"/> yes <input type="checkbox"/> no	Transponder / SSR-code: _____	

3 ⇌	Position	HDG or route: _____	TAS _____ kts
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4 ⇌	FL, altitude or height	1) At time of incident: _____ m / ft / FL	Level flight <input type="checkbox"/>	Climb <input type="checkbox"/>	Descend <input type="checkbox"/>
2) At first sighting:	Level flight <input type="checkbox"/>	Climb <input type="checkbox"/>	Descend <input type="checkbox"/>	Altimeter setting: _____ hPa	

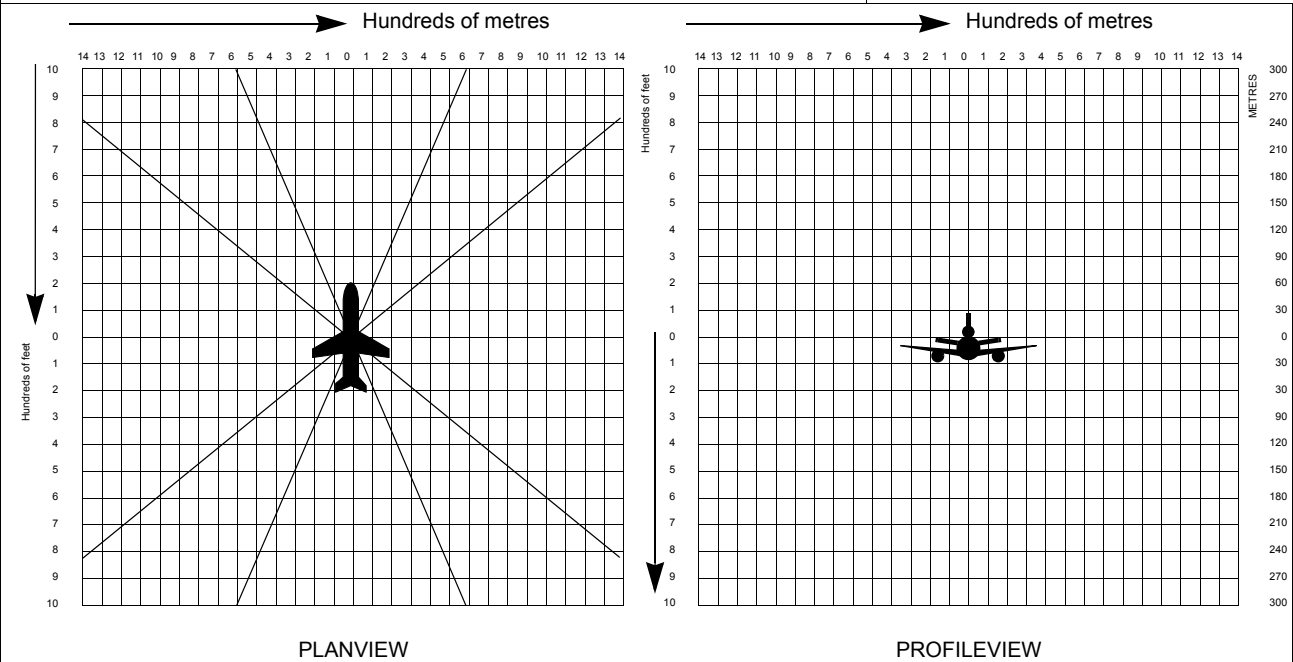
5 ⇌	Flight weather conditions	1) In general:	IMC <input type="checkbox"/>	VMC <input type="checkbox"/>		
2) In particular:	On top <input type="checkbox"/>	Below clouds <input type="checkbox"/>	In clouds <input type="checkbox"/>	Between layers <input type="checkbox"/>	In and out of clouds <input type="checkbox"/>	Sky clear <input type="checkbox"/>
3) Distance from clouds	Vertical: _____ m / ft	Horizontal: _____ m / ft / NM	Sky coverage:			
4) Flight visibility: _____ km / NM	Into sun <input type="checkbox"/>	Out of sun <input type="checkbox"/>	In haze <input type="checkbox"/>	Remarks:		

6 ⇨ Description of other aircraft			1) Registration / RTF call sign: _____	2) Type of aircraft: _____
3) Markings, colours and or lights:			Camouflage: <input type="checkbox"/> yes <input type="checkbox"/> no	4) Shape:
5) Low wing High wing Shoulder wing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6) Number and position of engines:		7) Estimated heading: <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right	
8) Level flight Climb Descend <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9) Other relevant information: _____		SSR-code:	

7 ⇨ Description of incident	In case of airprox/sighting: including relative flight path, vertical and horizontal distance to other aircraft at first sighting and at time of incident, executed and/or observed avoiding actions. If avoiding action was based on TCAS, state kind of advisory.

8 ⇨ Pilot's judgement:	Risk of incident was: <input type="checkbox"/> high <input type="checkbox"/> low <input type="checkbox"/> none
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9 ⇨ Information from ATC Unit	<div style="display: flex; justify-content: space-between;"> <div> 1) Traffic information issued: <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div> 2) Information issued: <input type="checkbox"/> Direction <input type="checkbox"/> Distance <input type="checkbox"/> Heading </div> </div>
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Signature of reporting person:	Date:
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