

Chapter 8

Airspace Conflicts

I. Introduction

Federal Aviation Regulations (FARs) establish a safe environment for all aircraft operating within the National Airspace System (NAS). It is incumbent that users have a knowledge and understanding of the FARs applicable to that particular parcel of airspace in which the flight mission is being conducted. These requirements should be understood and adhered to by all pilots. Conflicts occur in which aircraft are observed operating outside of established FAR's. The FAA investigates aircraft incidents and collects and analyzes aircraft incident reports to provide an excellent source of accident prevention information. (FAAO 8020.11)

The land management agencies, as users of the NAS have a responsibility to identify and report incidents to assist in the resolution of airspace conflicts. When a conflict or incident occurs, a significant detriment to aviation safety may ensue. Reports should be clear, concise and factual.

Primary reporting of airspace safety incidents is through the respective agency mishap, incident or Safety Communication (SAFECOM) reporting system. The agency Aviation Safety Manager or airspace representative may determine whether the incident warrants official submission to the FAA for investigation.

II. Defining or Reporting Situations Of Unsafe Aircraft Operations

A. Near Midair Collision (NMAC)

A Near Midair Collision is defined (AIM 7-6-3) as an incident associated with the operation of an aircraft in which the possibility of collision occurs as a result of proximity of **less than 500 feet to another aircraft**, or a report is received from a pilot or a flight crew member stating that a **collision hazard existed** between two or more aircraft.

Air Force refers to their near midair incidents as Hazardous Air Traffic Reports (HATRs) and Army uses Operational Hazard Reports (OHRs) for this purpose. Navy and Marine Corps facilities use NMACs.

An NMAC is not a Pilot Deviation but some incidents; e.g. TFRs; may result in both reports.

B. Pilot Deviation Reports

Pilot Deviation Reports are used to report other incidents which are in violation of FARs and create an unsafe situation. The following are types of incidents which are handled by the FAA as a “pilot deviation.”

1. Operation of an aircraft in a careless or reckless manner (FAR 91.13);
2. Airplanes flying below 500' AGL unless in sparsely populated areas or overwater (FAR 91.119);
3. TFR intrusions (FAR 91.137) which are occurrences of non-participating aircraft entering a TFR without permission (with exceptions for Law Enforcement, airport traffic and media)
4. Flight Operations in restricted/prohibited areas (FAR 91.133);
5. Non-compliance with standard or acceptable airport operations (FAR 91.127);
6. Aircraft not operating within the parameters of their special-use airspace (i.e., MOAs or RAs) or MTRs. (FAR 91.117, FAAH 7610.4)
7. Although not a report to the FAA, non-compliance with joint-use scheduling as outlined in MOUs, LOAs, or Operations Plans should be reported to the appropriate MILREPs or other coordinated military representative(s).

III. NMAC Reporting

The primary purpose of the NMAC Reporting Program is to provide information for use in enhancing the safety and efficiency of the National Airspace System. Data obtained from NMAC reports are used by the FAA to improve the quality of FAA services to users and to develop programs, policies, and procedures aimed at the reduction of NMAC occurrences.

All NMAC reports are thoroughly investigated by FSDOs in coordination with Air Traffic facilities. Data from these investigations are transmitted to FAA Headquarters in Washington, DC, where they are compiled and analyzed, and where safety programs and recommendations are developed.

Notification should be made immediately or as soon as possible after any unsafe incident occurrence. Whenever possible, the written report should be received by the responsible FSDO within 15 (calendar) days to ensure all FAA flight records are available. Normally, ATC records used to identify aircraft; i.e. flight plans, flight strips, radar and radio tapes; are only kept for 15 days. Late submission of a report may result in limiting the FSDO's ability to complete the investigation.

IV. Aircraft Identification

Usually the first step when reporting an unsafe aircraft situation is to identify the involved aircraft. The FAA and DoD, as applicable, need a positive identification of the aircraft involved to perform a complete investigation of airspace incidents. Although the aircraft registration number is the best method of obtaining positive identification, often the aircraft is moving too fast to read the side numbers (applicable to civil aircraft). Military aircraft normally have some markings but generally the speeds flown by jets will make these almost impossible to read.

Document as much information as available (i.e., direction of flight, altitude, etc.) and relay as soon as possible to the Dispatcher or Aviation Manager. The more information provided by the observer, the greater the likelihood that an identification can be obtained, resulting in a satisfactory investigation.

A. Aircraft Incident Observation Checklist

On the next page is the Aircraft Incident Observation Checklist (Figure 8-1) which is provided as an aid to agency personnel in the gathering of information relating to an incident.

The Checklist is provided to assist personnel in describing an aircraft to support real-time or subsequent identification. This can be used by an observer to fill-in information or by off-site personnel to ask questions and develop a description.

Incorrect (specific) type aircraft identification may effect FAA or military investigation to determine the actual aircraft involved in the incident. Unless this identification is without doubt, encourage reporting personnel to provide generic descriptions (use checklist below) to substitute or supplement the report.

B. Aircraft Profile Identification Guide

Use of an aircraft profile identification guide can assist in swiftly identifying the type of aircraft. Many published guides are available at local bookstores.

C. Radar Identification

Real-time aircraft identification from FAA radar facilities is possible only if the occurrence is reported immediately, and the aircraft is being tracked by the FAA. The Dispatcher or Aviation Manager should contact the local ARTCC or TRACON and explain the nature of the incident, along with all available information from the observation report. Request identification of the aircraft involved and include this information in the written report.

In some areas ARTCC radar coverage may be limited to higher altitudes and TRACONs should be contacted for information on low altitude traffic.

Even if the conflict is immediately reported, standard conflict reporting processes through the FSDO should be followed. The report should be processed through the FSDO by the agency Aviation Safety Manager or Airspace Coordinator.

V. Agency Reporting and Documentation Requirements

All incidents involving aircraft shall be reported and recorded as a SAFECOM or other appropriate mishap or incident report, in accordance with agency policy and reporting procedures. The Aircraft Incident Observation Checklist Figure 8-1 and Airspace Conflicts Action Checklist Figure 8-2 are designed to assist in processing SAFECOMs.

A. Initial Response/Action

The initial report should be recorded by the aircraft passenger, pilot, crew, or ground observer on a SAFECOM detailing pertinent information that will support the agency notice to the FAA. The information should be reported by quickest means available to have the most effective results.

- # Upon receipt of an initial airspace conflict report, the Unit Dispatcher or Aviation Officer should immediately contact the FAA ARTCC/TRACON and request a positive identification of the aircraft involved.
- # When possible, immediate reports should be forwarded to the FAA within 15 minutes of the incident.
- # If the occurrence involves a military aircraft and there is the potential for a re-occurrence, immediately contact the military airspace scheduling activity responsible for flight in the area of operations. If necessary cease all agency aviation activities until the safety issue is resolved.
- # With aircraft operating at different speeds, it's possible that a close call between two or more aircraft may not be seen by all involved pilots. Feedback to DoD is important to bring this to their attention.

Figure 8-2

Airspace Conflicts Action Checklist					
Who	Action	To	From	Date	Time
Local Level	Conflict reported from the field to dispatch immediately; Dispatch obtains aircraft observation information (use Aircraft Observation Checklist) .				
	SAFECOM initiated immediately:				
	Dispatch contacts FAA ARTCC/TRACON and, if appropriate, other facilities (i.e., military) to obtain identification of the non-participating aircraft and correct the problem.				
	Conflict reported from dispatch to State/Area/Regional Aviation Manager immediately.				
State/ Area/ or Reg. Level	After verification of a conflict, State, Area or Regional Aviation Manager contacts the following:				
	Military Scheduling Agency (SUA) or Activity (MTR), if appropriate.				
	MILREP at FAA Regional Office.				
	National Aviation Safety Manager.				
	Agency's Airspace representative.				
	FSDO, if appropriate.				
	Complete and submit the following:				
	SAFECOM - FAA NMAC and/or Pilot Deviation.				
Remarks:					

B. Formal Reporting

1. NMAC Reports

An FAA Near Mid Air Collision (NMAC) report should be submitted for all incidents which meet the definition of an NMAC. The pilot of the aircraft reporting the incident should complete Blocks A-E on the NMAC Report Form.

It is the responsibility of the pilot and/or flight crew to determine whether a near midair collision situation actually occurred and, if so, to initiate a NMAC report. For initial report, the pilot/crew should notify the nearest air traffic facility on the ATC frequency while airborne or by phone, immediately after landing.

2. Pilot Deviation Reports

Reports of FAR deviations and other unsafe operations may be made by any authorized personnel, using information from ground and/or airborne observers.

Items to be reported are as follows:

- a. Date, time (UTC), location and altitude of the occurrence.
- b. Nearest navigation fix or ATC facility (to the occurrence) with the location in respect to the fix or facility.
- c. Identification and type of reporting aircraft, destination, name and home base of pilot.
- d. Identification and type of other aircraft. If known, include aircraft departure or arrival point and name and home base of pilot.
- e. Type of flight plans; station altimeter setting used.
- f. Detailed weather conditions at altitude or flight level.
- g. Approximate courses of aircraft involved. Indicate if either aircraft were climbing or descending.

The following three items are also reported for NMAC:

- a. reported separation in distance at first sighting, proximity at closest point horizontally and vertically, and length of time in sight prior to evasive action.
- b. For NMAC; degree of evasive action taken, if any (from both aircraft, if possible).
- c. For NMAC; injuries, if any.

An agency SAFECOM Report, with NMAC Report and Checklists attached, should be sent to identified agency submission points. Concurrently with standard agency incident/hazard reporting procedures, the State, Area or Regional Aviation Manager should process all instances of airspace conflicts through the local FAA FSDO, with a courtesy copy to the FAA Regional Headquarters Quality Assurance Office.

If an NTAP (radar documentation of flight) is required, the Aviation Safety Manager will need to submit a Freedom of Information Act (FOIA) request to the FAA Regional Headquarters Quality Assurance Office. The request must be made as soon as possible after the incident as the NTAP information is perishable.

The Aviation Safety Manager should submit the communication as a formal report, requesting that the FAA conduct an investigation. At the time of the report, make it known that follow-up and feedback is desired on the progress and eventual outcome of the FAA's investigation.

C. FAA Investigation

1. The FAA office responsible for the investigation and reporting of NMACs and Pilot Deviations will be the FSDO in whose area the incident occurred.
2. FAAO 8020.11 defines FAA investigation responsibilities. The FSDO investigator will categorize NMAC cases as one of the following:
 - # Critical
A situation in which collision avoidance was due to chance rather than a pilot's act. Less than 100 feet of aircraft separation is considered critical.
 - # Potential
A situation which would probably have resulted in a collision if no action had been taken by either pilot. Less than 500 feet of aircraft separation is usually required in this case.
 - # No Hazard
A situation in which direction and altitude have made a midair collision improbable, regardless of evasive actions. (FAAO 8020.11)
3. The FAA in response to its investigation may choose to interview the following: pilot, crew members, on scene personnel, dispatcher, etc. Documentation of the incident is pertinent to the investigation.

D. Follow Through

The need for follow through on all airspace issues is critical to both investigation and resolution of past occurrences and the prevention and avoidance of future similar situations.

1. If military aircraft were involved, contact the military airspace scheduling activity and inform them of actions taken with the ARTCC and FSDO. Contact should also be made with the appropriate MILREP at FAA Regional Office Headquarters (See References for a list of these contact points).
2. If warranted, contact the National Aviation Safety Manager and Airspace Coordinators and provide a copy of the SAFECOM..
3. It is important that these issues be resolved in the interest of preventing future occurrences. For that reason the Aviation Manager should periodically check with the FSDO to determine the status (i.e., continuation, closure) of the investigation.

VII. NASA Voluntary Aviation Safety Reporting

The FAA has established a voluntary Aviation Safety Reporting Program designed to stimulate the free and unrestricted flow of information concerning deficiencies and discrepancies in the aviation system. This is a positive program intended to ensure the safest possible system by identifying and correcting unsafe conditions before they lead to accidents. The primary objective of the program is to obtain information to evaluate and enhance the safety and efficiency of the present system.

This cooperative safety reporting program invites pilots, controllers, flight attendants, maintenance personnel and other users of the airspace system, or any other person, to file written reports of actual or potential discrepancies and deficiencies involving the safety of aviation operations.

The operations covered by the program include departure, en route, approach, and landing operations and procedures, air traffic control procedures and equipment, crew and air traffic control communications, aircraft cabin operations, aircraft movement on the airport, near midair collisions, aircraft maintenance and record keeping and airport conditions or services.

The report should give the date, time, location, persons and aircraft involved (if applicable), nature of the event, and all pertinent details.

To ensure receipt of this information, the program provides for the waiver of certain disciplinary actions against persons, including pilots and air traffic controllers, who file timely written reports concerning potentially unsafe incidents. To be considered timely, reports must be delivered or postmarked within 10 days of the incident unless that period is extended for good cause. Reports should be submitted on NASA ARC Forms 277B, which are available free of charge, postage prepaid, at FAA Flight Standards District Offices and Flight Service Stations, and from NASA, ASRS, PO Box 189, Moffet Field, CA 94035.

The FAA utilizes the National Aeronautics and Space Administration (NASA) to act as an independent third party to receive and analyze reports submitted under the program. This program is described in AC 00-46, Aviation Safety Reporting Program.

VIII. NASA and FAA Forms

On the following pages are the following NASA and FAA forms:

- # Form NASA ARC 277B (January 1994)
- # FAA Form 8020-17 - Preliminary Pilot Deviation Report
- # FAA Form 8020-21 - Preliminary Near Midair Collision Report
- # FAA Form 8020-15 - Investigation of Near Midair Collision Incident

Figure 8-3, Form NASA ARC 277B (January 1994), Page 1

DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.
 NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME Area _____ No. _____ - _____ Hours _____
WORK Area _____ No. _____ - _____ Hours _____

NAME _____ **TYPE OF EVENT/SITUATION** _____
ADDRESS/PO BOX _____

CITY _____ **STATE** _____ **ZIP** _____ **DATE OF OCCURRENCE** _____
LOCAL TIME (24 hr. clock) _____

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER	FLYING TIME	CERTIFICATES/RATINGS	ATC EXPERIENCE	
<input type="checkbox"/> Captain <input type="checkbox"/> First Officer <input type="checkbox"/> pilot flying <input type="checkbox"/> pilot not flying <input type="checkbox"/> Other Crewmember <input type="checkbox"/> _____	total _____ hrs. last 90 days _____ hrs. time in type _____ hrs.	<input type="checkbox"/> student <input type="checkbox"/> commercial <input type="checkbox"/> instrument <input type="checkbox"/> multiengine <input type="checkbox"/> _____	<input type="checkbox"/> private <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> F/E <input type="checkbox"/> _____	<input type="checkbox"/> FPL <input type="checkbox"/> radar _____ yrs. <input type="checkbox"/> non-radar _____ yrs. <input type="checkbox"/> supervisory _____ yrs. <input type="checkbox"/> military _____ yrs.

AIRSPACE	WEATHER	LIGHT/VISIBILITY	ATC/ADVISORY SERV.			
<input type="checkbox"/> Class A (PCA) <input type="checkbox"/> Class B (TCA) <input type="checkbox"/> Class C (ARSA) <input type="checkbox"/> Class D (Control Zone/ATA) <input type="checkbox"/> Class E (General Controlled) <input type="checkbox"/> Class G (Uncontrolled)	<input type="checkbox"/> Special Use Airspace <input type="checkbox"/> airway/route _____ <input type="checkbox"/> unknown/other _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> mixed <input type="checkbox"/> marginal <input type="checkbox"/> rain <input type="checkbox"/> fog	<input type="checkbox"/> ice <input type="checkbox"/> snow <input type="checkbox"/> turbulence <input type="checkbox"/> tstorm <input type="checkbox"/> windshear <input type="checkbox"/> _____	<input type="checkbox"/> daylight <input type="checkbox"/> dawn <input type="checkbox"/> ceiling _____ feet <input type="checkbox"/> visibility _____ miles <input type="checkbox"/> RVR _____ feet	<input type="checkbox"/> night <input type="checkbox"/> dusk <input type="checkbox"/> _____ feet <input type="checkbox"/> _____ miles <input type="checkbox"/> _____ feet	<input type="checkbox"/> local <input type="checkbox"/> ground <input type="checkbox"/> apch <input type="checkbox"/> dep <input type="checkbox"/> center <input type="checkbox"/> FSS <input type="checkbox"/> UNICOM <input type="checkbox"/> CTAF Name of ATC Facility: _____

AIRCRAFT 1	AIRCRAFT 2
Type of Aircraft (Make/Model) (Your Aircraft) _____	(Other Aircraft) _____
<input type="checkbox"/> air carrier <input type="checkbox"/> commuter	<input type="checkbox"/> air carrier <input type="checkbox"/> commuter
<input type="checkbox"/> military <input type="checkbox"/> private	<input type="checkbox"/> military <input type="checkbox"/> private
<input type="checkbox"/> corporate <input type="checkbox"/> other _____	<input type="checkbox"/> corporate <input type="checkbox"/> other _____
Mission <input type="checkbox"/> passenger <input type="checkbox"/> cargo	<input type="checkbox"/> passenger <input type="checkbox"/> cargo
<input type="checkbox"/> training <input type="checkbox"/> pleasure	<input type="checkbox"/> training <input type="checkbox"/> pleasure
<input type="checkbox"/> business <input type="checkbox"/> unk/other _____	<input type="checkbox"/> business <input type="checkbox"/> unk/other _____
Flight plan <input type="checkbox"/> VFR <input type="checkbox"/> IFR	<input type="checkbox"/> VFR <input type="checkbox"/> IFR
<input type="checkbox"/> SVFR <input type="checkbox"/> DVFR	<input type="checkbox"/> SVFR <input type="checkbox"/> DVFR
<input type="checkbox"/> none <input type="checkbox"/> unknown	<input type="checkbox"/> none <input type="checkbox"/> unknown
Flight phases at time of occurrence <input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb	<input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb
<input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach	<input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach
<input type="checkbox"/> landing <input type="checkbox"/> missed apch/GAR <input type="checkbox"/> other _____	<input type="checkbox"/> landing <input type="checkbox"/> missed apch/GAR <input type="checkbox"/> other _____
Control status <input type="checkbox"/> visual apch <input type="checkbox"/> controlled <input type="checkbox"/> no radio	<input type="checkbox"/> visual apch <input type="checkbox"/> controlled <input type="checkbox"/> no radio
<input type="checkbox"/> on vector <input type="checkbox"/> none <input type="checkbox"/> radar advisories	<input type="checkbox"/> on vector <input type="checkbox"/> none <input type="checkbox"/> radar advisories
<input type="checkbox"/> on SID/STAR <input type="checkbox"/> unknown	<input type="checkbox"/> on SID/STAR <input type="checkbox"/> unknown

If more than two aircraft were involved, please describe the additional aircraft in the "Describe Event/Situation" section.

LOCATION	CONFLICTS
Altitude _____ <input type="checkbox"/> MSL <input type="checkbox"/> AGL Distance and radial from airport, NAVAID, or other fix _____ _____ Nearest City/State _____	Estimated miss distance in feet: horiz _____ vert _____ Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Was TCAS a factor? <input type="checkbox"/> TA <input type="checkbox"/> RA <input type="checkbox"/> No Did GPWS activate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Figure 8-4, FAA Form 8020-17 - Preliminary Pilot Deviation Report, Page 1

PRELIMINARY PILOT DEVIATION REPORT		Incident Report Number												
P														
<p>Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. "ID" refers to FAA location identifiers in the latest edition of FAA Handbook 7350.6, "Location Identifiers." Complete the form by hand or typewriter.</p>														
<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time—UTC)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"> </td><td style="border: none;"> </td> </tr> <tr> <td style="border: none; text-align: center;">M</td><td style="border: none; text-align: center;">M</td><td style="border: none; text-align: center;">D</td><td style="border: none; text-align: center;">D</td><td style="border: none; text-align: center;">Y</td><td style="border: none; text-align: center;">Y</td> </tr> </table> <p>B. UTC Time</p> <p style="border: none;"> </p> <p>C. Local Time</p> <p style="border: none;"> </p> <p>D. Nearest City or Town and State _____</p>							M	M	D	D	Y	Y	<p>2. Pilot Information: <input type="checkbox"/> Unknown</p> <p>A. Name and Address</p> <p style="margin-left: 20px;">Name (first, middle, last) _____</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ State _____ ZIP _____</p> <p>B. Telephone Number</p> <p style="margin-left: 20px;"> - - </p> <p>C. Pilot Certificate No. (if military, enter "MILITARY") _____</p>	<p>3. Deviation First Detected by (check one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> Flight Service Station</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input type="checkbox"/> Other, Specify _____</p>
M	M	D	D	Y	Y									
<p>4. Aircraft Information (complete A or B; always complete C):</p> <p><input type="checkbox"/> Unknown</p> <p>A. Registration Number (N Number) _____</p> <p>B. Flight No. or Call Sign (if applicable) _____</p> <p>C. Make and Model _____</p>	<p>5. Type of Operation at Time of Deviation (check one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14 CFR 121 or 125) F. <input type="checkbox"/> Public Use</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129) G. <input type="checkbox"/> U.S. Military</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135) H. <input type="checkbox"/> Unknown</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135) I. <input type="checkbox"/> Other, Specify _____</p> <p>E. <input type="checkbox"/> General Aviation (14 CFR 91)</p>													
<p>6. Type of Flight Rules at Time of Deviation (check one):</p> <p>A. <input type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (check appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi E. <input type="checkbox"/> Turning or Maneuvering I. <input type="checkbox"/> Unknown</p> <p>B. <input type="checkbox"/> Takeoff F. <input type="checkbox"/> Descent J. <input type="checkbox"/> Other, Specify _____</p> <p>C. <input type="checkbox"/> Climb G. <input type="checkbox"/> Approach</p> <p>D. <input type="checkbox"/> Level Flight or Cruise H. <input type="checkbox"/> Landing</p>													
<p>8. Total Number of Aircraft Involved (if more than one, also provide other aircraft information):</p> <p>A. <input type="checkbox"/> One Aircraft N Number Flight No. (if applicable) Aircraft Make & Model</p> <p>B. <input type="checkbox"/> Two F. _____</p> <p>C. <input type="checkbox"/> Three G. _____</p> <p>D. <input type="checkbox"/> Four or More H. _____</p> <p>E. <input type="checkbox"/> Unknown I. _____</p>		<p>9. Type of Deviation(s) (check appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete Items 10 to 14 and 27 to 32)</p> <p>B. <input type="checkbox"/> Air (complete Items 15 to 32)</p>												
<p>10. Type of Control at Surface Deviation Location (check one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport Location ID (provide 3- or 4-character ID):</p> <p style="margin-left: 20px;"> </p>	<p>12. Surface Deviation Type(s) (check appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Airport, or Taxiway</p> <p>F. <input type="checkbox"/> Entered Taxiway or Runway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>												
<p>13. Was There a Loss of Separation With (check appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> No Loss of Separation</p> <p>G. <input type="checkbox"/> Unknown if Incursion Occurred</p>	<p>14. If There Was a Loss of Separation It Was (check one):</p> <p>A. <input type="checkbox"/> Under 100 Feet</p> <p>B. <input type="checkbox"/> 100-499 Feet</p> <p>C. <input type="checkbox"/> 500-1,000 Feet</p> <p>D. <input type="checkbox"/> Over 1,000 Feet</p> <p>E. <input type="checkbox"/> No Loss of Separation</p> <p>F. <input type="checkbox"/> Separation Unknown</p>	<p><i>If Surface Deviation Only, Skip to Item 27</i></p>	<p>15. Location in Traffic Pattern During Deviation (check one):</p> <p>A. <input type="checkbox"/> Entry or Downwind Leg</p> <p>B. <input type="checkbox"/> Base Leg</p> <p>C. <input type="checkbox"/> Final Approach</p> <p>D. <input type="checkbox"/> Departure Leg or Exit</p> <p>E. <input type="checkbox"/> Not in Traffic Pattern</p> <p>F. <input type="checkbox"/> Unknown</p> <p>G. <input type="checkbox"/> Other, Specify _____</p>											

Figure 8-4, FAA Form 8020-17 - Preliminary Pilot Deviation Report, Page 2

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>_____, _____ Feet msl</p> <p><input type="checkbox"/> Unknown</p>	<p>17. Transponder (check one):</p> <p>A. <input type="checkbox"/> Operating, With Mode C</p> <p>B. <input type="checkbox"/> Operating, No Mode C</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <input type="checkbox"/> Oceanic Airspace</p> <p>B. _____ VOR, TACAN, or NDB ID</p> <p>C. _____ Airport ID</p> <p>D. _____ Airway Intersection ID</p>
<p>19. Deviation Location in Respect to Item 18:</p> <p>A. _____ Miles (nautical)</p> <p>B. _____ Degrees (magnetic)</p> <p>For Oceanic Airspace Only:</p> <p>C. _____° _____ Latitude</p> <p>D. _____° _____ Longitude</p>	<p>20. Operational Control Area of Aircraft (check a maximum of two):</p> <p>A. <input type="checkbox"/> Within Terminal Control Area</p> <p>B. <input type="checkbox"/> Within Airport Radar Service Area</p> <p>C. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>D. <input type="checkbox"/> Towered Airport</p> <p>E. <input type="checkbox"/> Nontowered Airport (within 5 statute miles and below 3,000 feet)</p> <p>F. <input type="checkbox"/> Positive Control Area</p> <p>G. <input type="checkbox"/> Other Controlled Airspace</p> <p>H. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>I. <input type="checkbox"/> Uncontrolled Airspace</p> <p>J. <input type="checkbox"/> Unknown</p> <p>K. <input type="checkbox"/> Other, Specify _____</p>	
<p>21. Location Identifier (ID) of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. _____ TRACON</p> <p>C. _____ RAPCON or RATCF</p> <p>D. _____ Tower</p> <p>E. _____ Flight Service Station</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		
<p>22. Preliminary Information Indicates the Air Deviation Type Was (check appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Violation</p> <p>D. <input type="checkbox"/> Airspace Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input type="checkbox"/> Noncompliance with Other Regulations (specify FAR number[s]): (1) _____ (2) _____</p>		
<p>23. Preliminary Information Indicates the Airspace Violation Was (check one):</p> <p>A. <input type="checkbox"/> Terminal Control Area</p> <p>B. <input type="checkbox"/> Airport Radar Service Area</p> <p>C. <input type="checkbox"/> Airport Traffic Area</p> <p>D. <input type="checkbox"/> Positive Control Area</p> <p>E. <input type="checkbox"/> Control Zone</p> <p>F. <input type="checkbox"/> Other Controlled Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>H. <input type="checkbox"/> None</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify _____</p>		
<p>24. If ATC Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. _____, _____ Feet, Vertical <input type="checkbox"/> Unknown</p> <p>B. _____, _____ Feet, Horizontal - or - _____ Miles (nautical), _____ Horizontal <input type="checkbox"/> Unknown</p>	<p>25. If There Was Loss of Separation, Closest Separation Was:</p> <p><input type="checkbox"/> No Loss of Separation</p> <p>A. _____, _____ Feet, Vertical <input type="checkbox"/> Unknown</p> <p>B. _____, _____ Feet, Horizontal - or - _____ Miles (nautical), _____ Horizontal <input type="checkbox"/> Unknown</p>	
<p>26. Preliminary Near Midair Collision Report (FAA Form 8020-21) Filed:</p> <p>A. <input type="checkbox"/> Yes, Specify Report Number _____</p> <p>B. <input type="checkbox"/> No</p> <p>C. <input type="checkbox"/> Unknown</p>		
<p>27. Brief Description of Deviation and Comments (comments optional):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Figure 8-4, FAA Form 8020-17 - Preliminary Pilot Deviation Report, Page 3

PRELIMINARY PILOT DEVIATION REPORT (Continued)		Incident Report Number									
27. Brief Description of Deviation and Comments (continued): <hr/> <hr/> <hr/> <hr/>		P									
28. Attachments (list if any, e.g., pilot or controller statements or flight progress strip): <input type="checkbox"/> None											
29. Reporting Facility: A. <input type="text" value="A"/> FAA Region C. <input type="text"/> - <input type="text"/> FTS Telephone Number B. <input type="text"/> Location ID or Code D. <input type="text"/> - <input type="text"/> - <input type="text"/> Commercial Telephone Number											
30. Name of Individual Completing Form: <hr/> Type or Print											
31. Facility Manager Approving Form: A. Signature _____ B. Name _____ Type or Print C. Date <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y			32. Report Distributed to (e.g., FSDO-67s): A. FSDO Code <input type="text"/> in FAA Region <input type="text" value="A"/> B. Others _____								
INSTRUCTIONS											
I. General The incident report number and Items 1, 4, 6, 16, and 27 of FAA Form 8020-17 must be completed and the information transmitted in numerical order by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others within 12 hours of the detection of a pilot deviation. If the pilot deviation is significant, the above information should be communicated by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of copies of the FAA Form 8020-17 are in the latest edition of FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting." If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 must be completed and distributed as described above and FAA Form 8020-21, "Preliminary Near Midair Collision Report," must also be completed and distributed. The two reports must be assigned different incident report numbers. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete items 15 to 26. Indicate that information is not available or unknown by checking the appropriate boxes. If the categories listed are inadequate, complete "Other, Specify." Do not add comments in the margins; provide any comments in Item 27. Sign and date the form (Item 31) before distribution.											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> AL - Alaskan CE - Central EA - Eastern </td> <td style="width: 33%; vertical-align: top;"> GL - Great Lakes NE - New England NM - Northwest Mountain Pacific </td> <td style="width: 33%; vertical-align: top;"> SO - Southern SW - Southwest WP - Western- Pacific </td> </tr> </table> <p>The fourth character identifies the type of facility completing the form:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> C - ARTCC F - FSS </td> <td style="width: 33%; vertical-align: top;"> R - TRACON T - ATCT </td> <td style="width: 33%; vertical-align: top;"> Z - FSDO and Other. </td> </tr> </table> <p>For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation. The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6) or FAA organizational code (e.g., ZNY or 67s). The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 91 for 1991. The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1991 at a given facility).</p>						AL - Alaskan CE - Central EA - Eastern	GL - Great Lakes NE - New England NM - Northwest Mountain Pacific	SO - Southern SW - Southwest WP - Western- Pacific	C - ARTCC F - FSS	R - TRACON T - ATCT	Z - FSDO and Other.
AL - Alaskan CE - Central EA - Eastern	GL - Great Lakes NE - New England NM - Northwest Mountain Pacific	SO - Southern SW - Southwest WP - Western- Pacific									
C - ARTCC F - FSS	R - TRACON T - ATCT	Z - FSDO and Other.									
III. Acronyms The following facility acronyms are used in Item 21: ARTCC - Air Route Traffic Control Center RAPCON - Radar Approach Control RATCF - Radar Air Traffic Control Facility TRACON - Terminal Radar Approach Control											
II. Incident Report Number Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P (for Pilot Deviation). The second and third characters are the abbreviation of the FAA region in which the deviation occurred:											

Figure 8-5

FAA Form 8020-21 - Preliminary Near Midair Collision Report

Figure 8-6, FAA Form 8020-15 - Investigation of Near Midair Collision Incident, Page 1

INVESTIGATION OF NEAR MIDAIR COLLISION REPORT		Incident Report Number																																																																																																																
<p>Complete and distribute within 90 days of a reported near midair collision (NMAC) according to instructions on page 3. Complete all items. "Rptg" refers to the aircraft that reports the NMAC first; "Other" refers to the other aircraft. Use the same incident report number as on the corresponding FAA Form 8020-21, "Preliminary Near Midair Collision Report." Any corrections to FAA Form 8020-21 should be reported in Item 22 of this form. Complete the form by hand or typewriter.</p>																																																																																																																		
<p>1. Date, Time, and Location of NMAC:</p> <p>A. Date (Coordinated Universal Time-UTC)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">M</td><td style="border: none;">M</td><td style="border: none;">D</td><td style="border: none;">D</td><td style="border: none;">Y</td><td style="border: none;">Y</td> </tr> </table> <p>B. UTC Time</p> <p>C. Local Time</p> <p>D. Nearest City or Town & State</p>	M	M	D	D	Y	Y	<p>2. Reporting Aircraft ("Rptg") Information:</p> <p>A. Pilot Name _____ <small>First, middle, last</small></p> <p>B. Pilot Total Flight Time _____ hrs.</p> <p>C. Pilot Time in Make and Model _____ hrs.</p> <p>D. Operator Name and Address</p> <p>Full Name _____</p> <p>Address _____</p> <p>City _____ State or Country _____ ZIP _____</p>	<p>3. Other Aircraft ("Other") Information (complete or mark box):</p> <p><input type="checkbox"/> All Information Unknown</p> <p>A. Pilot Name _____ <small>First, middle, last</small></p> <p>B. Pilot Total Flight Time _____ hrs.</p> <p>C. Pilot Time in Make and Model _____ hrs.</p> <p>D. Operator Name and Address</p> <p>Full Name _____</p> <p>Address _____</p> <p>City _____ State or Country _____ ZIP _____</p>																																																																																																										
M	M	D	D	Y	Y																																																																																																													
<p>4. Aircraft Information:</p> <p>A. Registration (N) No.</p> <p>Rptg _____</p> <p>Other _____</p> <p>B. Flight No. or Call Sign (if applicable)</p> <p>Rptg _____</p> <p>Other _____</p> <p>C. Make</p> <p>Rptg _____</p> <p>Other _____</p> <p>D. Model</p> <p>Rptg _____</p> <p>Other _____</p>	<p>E. Aircraft Type (mark one per aircraft):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none;">Rptg</td> <td style="border: none;">Other</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">(1)</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Single Engine Land</td> </tr> <tr> <td style="border: none;">(2)</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Multiengine Land</td> </tr> <tr> <td style="border: none;">(3)</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Single Engine Sea</td> </tr> <tr> <td style="border: none;">(4)</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Multiengine Sea</td> </tr> <tr> <td style="border: none;">(5)</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Rotorcraft</td> </tr> <tr> <td style="border: none;">(6)</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Other, Specify _____</td> </tr> </table>		Rptg	Other		(1)	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Land	(2)	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Land	(3)	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Sea	(4)	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Sea	(5)	<input type="checkbox"/>	<input type="checkbox"/>	Rotorcraft	(6)	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	<p>5. Pilots' Certificates (mark appropriate box):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none;">Rptg</td> <td style="border: none;">Other</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">A.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Student</td> </tr> <tr> <td style="border: none;">B.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Recreational</td> </tr> <tr> <td style="border: none;">C.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Private</td> </tr> <tr> <td style="border: none;">D.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Commercial</td> </tr> <tr> <td style="border: none;">E.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Airline Transport</td> </tr> <tr> <td style="border: none;">F.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Flight Instructor</td> </tr> <tr> <td style="border: none;">G.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Military</td> </tr> <tr> <td style="border: none;">H.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Foreign Pilot</td> </tr> <tr> <td style="border: none;">I.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">None</td> </tr> <tr> <td style="border: none;">J.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Unknown</td> </tr> <tr> <td style="border: none;">K.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Other, Specify _____</td> </tr> </table>		Rptg	Other		A.	<input type="checkbox"/>	<input type="checkbox"/>	Student	B.	<input type="checkbox"/>	<input type="checkbox"/>	Recreational	C.	<input type="checkbox"/>	<input type="checkbox"/>	Private	D.	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	E.	<input type="checkbox"/>	<input type="checkbox"/>	Airline Transport	F.	<input type="checkbox"/>	<input type="checkbox"/>	Flight Instructor	G.	<input type="checkbox"/>	<input type="checkbox"/>	Military	H.	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Pilot	I.	<input type="checkbox"/>	<input type="checkbox"/>	None	J.	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	K.	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																				
	Rptg	Other																																																																																																																
(1)	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Land																																																																																																															
(2)	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Land																																																																																																															
(3)	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Sea																																																																																																															
(4)	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Sea																																																																																																															
(5)	<input type="checkbox"/>	<input type="checkbox"/>	Rotorcraft																																																																																																															
(6)	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																															
	Rptg	Other																																																																																																																
A.	<input type="checkbox"/>	<input type="checkbox"/>	Student																																																																																																															
B.	<input type="checkbox"/>	<input type="checkbox"/>	Recreational																																																																																																															
C.	<input type="checkbox"/>	<input type="checkbox"/>	Private																																																																																																															
D.	<input type="checkbox"/>	<input type="checkbox"/>	Commercial																																																																																																															
E.	<input type="checkbox"/>	<input type="checkbox"/>	Airline Transport																																																																																																															
F.	<input type="checkbox"/>	<input type="checkbox"/>	Flight Instructor																																																																																																															
G.	<input type="checkbox"/>	<input type="checkbox"/>	Military																																																																																																															
H.	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Pilot																																																																																																															
I.	<input type="checkbox"/>	<input type="checkbox"/>	None																																																																																																															
J.	<input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																															
K.	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																															
<p>6. Pilots' Ratings (mark appropriate boxes):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none;">Rptg</td> <td style="border: none;">Other</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">A.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Single Engine Land</td> </tr> <tr> <td style="border: none;">B.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Multiengine Land</td> </tr> <tr> <td style="border: none;">C.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Single Engine Sea</td> </tr> <tr> <td style="border: none;">D.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Multiengine Sea</td> </tr> <tr> <td style="border: none;">E.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Rotorcraft</td> </tr> <tr> <td style="border: none;">F.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Glider</td> </tr> <tr> <td style="border: none;">G.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Lighter-than-air</td> </tr> <tr> <td style="border: none;">H.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">None</td> </tr> <tr> <td style="border: none;">I.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Unknown</td> </tr> <tr> <td style="border: none;">J.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Other, Specify _____</td> </tr> </table>		Rptg	Other		A.	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Land	B.	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Land	C.	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Sea	D.	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Sea	E.	<input type="checkbox"/>	<input type="checkbox"/>	Rotorcraft	F.	<input type="checkbox"/>	<input type="checkbox"/>	Glider	G.	<input type="checkbox"/>	<input type="checkbox"/>	Lighter-than-air	H.	<input type="checkbox"/>	<input type="checkbox"/>	None	I.	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	J.	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	<p>7. Pilots' Instrument Ratings (mark one per aircraft):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none;">Rptg</td> <td style="border: none;">Other</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">A.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Current</td> </tr> <tr> <td style="border: none;">B.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Not Current</td> </tr> <tr> <td style="border: none;">C.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">None</td> </tr> <tr> <td style="border: none;">D.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Unknown</td> </tr> </table>		Rptg	Other		A.	<input type="checkbox"/>	<input type="checkbox"/>	Current	B.	<input type="checkbox"/>	<input type="checkbox"/>	Not Current	C.	<input type="checkbox"/>	<input type="checkbox"/>	None	D.	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<p>8. Flight Condition(s) During NMAC (mark appropriate boxes):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">A.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Dawn</td> <td style="border: none;">G.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Precipitation</td> </tr> <tr> <td style="border: none;">B.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Bright Day</td> <td style="border: none;">H.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Thunderstorm</td> </tr> <tr> <td style="border: none;">C.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Glaring Sun</td> <td style="border: none;">I.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Turbulence</td> </tr> <tr> <td style="border: none;">D.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Dusk</td> <td style="border: none;">J.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Haze</td> </tr> <tr> <td style="border: none;">E.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Bright Night</td> <td style="border: none;">K.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Fog</td> </tr> <tr> <td style="border: none;">F.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Black Night</td> <td style="border: none;">L.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Icing</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">M.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Unknown</td> </tr> <tr> <td style="border: none;">N.</td> <td style="border: none;"><input type="checkbox"/></td> <td colspan="4" style="border: none;">Other, Specify _____</td> </tr> </table>	A.	<input type="checkbox"/>	Dawn	G.	<input type="checkbox"/>	Precipitation	B.	<input type="checkbox"/>	Bright Day	H.	<input type="checkbox"/>	Thunderstorm	C.	<input type="checkbox"/>	Glaring Sun	I.	<input type="checkbox"/>	Turbulence	D.	<input type="checkbox"/>	Dusk	J.	<input type="checkbox"/>	Haze	E.	<input type="checkbox"/>	Bright Night	K.	<input type="checkbox"/>	Fog	F.	<input type="checkbox"/>	Black Night	L.	<input type="checkbox"/>	Icing				M.	<input type="checkbox"/>	Unknown	N.	<input type="checkbox"/>	Other, Specify _____			
	Rptg	Other																																																																																																																
A.	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Land																																																																																																															
B.	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Land																																																																																																															
C.	<input type="checkbox"/>	<input type="checkbox"/>	Single Engine Sea																																																																																																															
D.	<input type="checkbox"/>	<input type="checkbox"/>	Multiengine Sea																																																																																																															
E.	<input type="checkbox"/>	<input type="checkbox"/>	Rotorcraft																																																																																																															
F.	<input type="checkbox"/>	<input type="checkbox"/>	Glider																																																																																																															
G.	<input type="checkbox"/>	<input type="checkbox"/>	Lighter-than-air																																																																																																															
H.	<input type="checkbox"/>	<input type="checkbox"/>	None																																																																																																															
I.	<input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																															
J.	<input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																															
	Rptg	Other																																																																																																																
A.	<input type="checkbox"/>	<input type="checkbox"/>	Current																																																																																																															
B.	<input type="checkbox"/>	<input type="checkbox"/>	Not Current																																																																																																															
C.	<input type="checkbox"/>	<input type="checkbox"/>	None																																																																																																															
D.	<input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																															
A.	<input type="checkbox"/>	Dawn	G.	<input type="checkbox"/>	Precipitation																																																																																																													
B.	<input type="checkbox"/>	Bright Day	H.	<input type="checkbox"/>	Thunderstorm																																																																																																													
C.	<input type="checkbox"/>	Glaring Sun	I.	<input type="checkbox"/>	Turbulence																																																																																																													
D.	<input type="checkbox"/>	Dusk	J.	<input type="checkbox"/>	Haze																																																																																																													
E.	<input type="checkbox"/>	Bright Night	K.	<input type="checkbox"/>	Fog																																																																																																													
F.	<input type="checkbox"/>	Black Night	L.	<input type="checkbox"/>	Icing																																																																																																													
			M.	<input type="checkbox"/>	Unknown																																																																																																													
N.	<input type="checkbox"/>	Other, Specify _____																																																																																																																
<p>9. Weather During NMAC (mark one):</p> <p>A. <input type="checkbox"/> Visual Meteorological Conditions (VMC)</p> <p>B. <input type="checkbox"/> Marginal VMC</p> <p>C. <input type="checkbox"/> Instrument Meteorological Conditions</p> <p>D. <input type="checkbox"/> Unknown</p> <p>E. <input type="checkbox"/> Other, Specify _____</p>	<p>10. Sky Cover at Flight Altitude During NMAC (mark one):</p> <p>A. <input type="checkbox"/> Clear</p> <p>B. <input type="checkbox"/> Scattered</p> <p>C. <input type="checkbox"/> Broken</p> <p>D. <input type="checkbox"/> Overcast</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Visibility at Flight Altitude During NMAC in</p> <p><input type="checkbox"/> Nautical or <input type="checkbox"/> Statute Miles (mark one):</p> <p>A. <input type="checkbox"/> Less than 1 Mile</p> <p>B. <input type="checkbox"/> 1 to 3 Miles</p> <p>C. <input type="checkbox"/> More than 3, but less than 5 Miles</p> <p>D. <input type="checkbox"/> 5 or more Miles</p> <p>E. <input type="checkbox"/> Unknown</p>																																																																																																																

Figure 8-6, FAA Form 8020-15 - Investigation of Near Midair Collision Incident, Page 2

<p>12. Indicated Airspeed Immediately Before NMAC:</p> <p style="text-align: right;">Unknown</p> <p>A. Rptg <input type="checkbox"/> _____ knots <input type="checkbox"/></p> <p>B. Other <input type="checkbox"/> _____ knots <input type="checkbox"/></p>	<p>13. Aircraft Orientation at Closest Proximity (mark appropriate boxes to indicate position of opposing aircraft as viewed by pilots):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg Pilot</td> <td style="text-align: center;">Other Pilot</td> <td></td> <td style="text-align: center;">Rptg Pilot</td> <td style="text-align: center;">Other Pilot</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Above</td> <td>F. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Behind</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Below</td> <td>G. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Head On</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Right</td> <td>H. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Overtaking, Straight Behind</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Left</td> <td>I. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Overtaking, Convergence Angle</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>In Front</td> <td>J. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> </table>	Rptg Pilot	Other Pilot		Rptg Pilot	Other Pilot		A. <input type="checkbox"/>	<input type="checkbox"/>	Above	F. <input type="checkbox"/>	<input type="checkbox"/>	Behind	B. <input type="checkbox"/>	<input type="checkbox"/>	Below	G. <input type="checkbox"/>	<input type="checkbox"/>	Head On	C. <input type="checkbox"/>	<input type="checkbox"/>	Right	H. <input type="checkbox"/>	<input type="checkbox"/>	Overtaking, Straight Behind	D. <input type="checkbox"/>	<input type="checkbox"/>	Left	I. <input type="checkbox"/>	<input type="checkbox"/>	Overtaking, Convergence Angle	E. <input type="checkbox"/>	<input type="checkbox"/>	In Front	J. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																				
Rptg Pilot	Other Pilot		Rptg Pilot	Other Pilot																																																																																																																																					
A. <input type="checkbox"/>	<input type="checkbox"/>	Above	F. <input type="checkbox"/>	<input type="checkbox"/>	Behind																																																																																																																																				
B. <input type="checkbox"/>	<input type="checkbox"/>	Below	G. <input type="checkbox"/>	<input type="checkbox"/>	Head On																																																																																																																																				
C. <input type="checkbox"/>	<input type="checkbox"/>	Right	H. <input type="checkbox"/>	<input type="checkbox"/>	Overtaking, Straight Behind																																																																																																																																				
D. <input type="checkbox"/>	<input type="checkbox"/>	Left	I. <input type="checkbox"/>	<input type="checkbox"/>	Overtaking, Convergence Angle																																																																																																																																				
E. <input type="checkbox"/>	<input type="checkbox"/>	In Front	J. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																																																				
<p>14. Was There an Air Traffic Control (ATC) Operational Error or Deviation? (mark one):</p> <p>A. <input type="checkbox"/> Yes, Specify Report No(s). _____</p> <p>B. <input type="checkbox"/> No</p> <p>C. <input type="checkbox"/> Unknown</p>	<p>15. Weather Contributed to NMAC (mark appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pilot Received Inaccurate Weather Data</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Avoidance of Weather</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Flying Visual Flight Rules (VFR) in Instrument Conditions</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, Specify _____</td> </tr> <tr> <td>F. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None of the Above, Weather Not a Factor</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Pilot Received Inaccurate Weather Data	B. <input type="checkbox"/>	<input type="checkbox"/>	Avoidance of Weather	C. <input type="checkbox"/>	<input type="checkbox"/>	Flying Visual Flight Rules (VFR) in Instrument Conditions	D. <input type="checkbox"/>	<input type="checkbox"/>	Unknown	E. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	F. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above, Weather Not a Factor																																																																																																																			
Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Pilot Received Inaccurate Weather Data																																																																																																																																							
B. <input type="checkbox"/>	<input type="checkbox"/>	Avoidance of Weather																																																																																																																																							
C. <input type="checkbox"/>	<input type="checkbox"/>	Flying Visual Flight Rules (VFR) in Instrument Conditions																																																																																																																																							
D. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																																																							
E. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																																																							
F. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above, Weather Not a Factor																																																																																																																																							
<p>16. Aircraft Equipment Malfunction(s) Contributed to NMAC (mark appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Communication</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Transponder</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Navigation, excluding Autopilot</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Autopilot</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Altimeter</td> </tr> <tr> <td>F. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>G. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>H. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None of the Above, Equipment Malfunction Not a Factor</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Communication	B. <input type="checkbox"/>	<input type="checkbox"/>	Transponder	C. <input type="checkbox"/>	<input type="checkbox"/>	Navigation, excluding Autopilot	D. <input type="checkbox"/>	<input type="checkbox"/>	Autopilot	E. <input type="checkbox"/>	<input type="checkbox"/>	Altimeter	F. <input type="checkbox"/>	<input type="checkbox"/>	Unknown	G. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	_____			H. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above, Equipment Malfunction Not a Factor	<p>17. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Aircraft</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Avionics</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ATC Procedures</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ATC Terminology or Phraseology</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>English Language</td> </tr> <tr> <td>F. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Preflight Planning</td> </tr> <tr> <td>G. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Crew Coordination</td> </tr> <tr> <td>H. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Weather</td> </tr> <tr> <td>I. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Airport</td> </tr> <tr> <td>J. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Current Charts and Approach Plates</td> </tr> <tr> <td>K. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>L. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>M. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None of the Above</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Aircraft	B. <input type="checkbox"/>	<input type="checkbox"/>	Avionics	C. <input type="checkbox"/>	<input type="checkbox"/>	ATC Procedures	D. <input type="checkbox"/>	<input type="checkbox"/>	ATC Terminology or Phraseology	E. <input type="checkbox"/>	<input type="checkbox"/>	English Language	F. <input type="checkbox"/>	<input type="checkbox"/>	Preflight Planning	G. <input type="checkbox"/>	<input type="checkbox"/>	Crew Coordination	H. <input type="checkbox"/>	<input type="checkbox"/>	Weather	I. <input type="checkbox"/>	<input type="checkbox"/>	Airport	J. <input type="checkbox"/>	<input type="checkbox"/>	Current Charts and Approach Plates	K. <input type="checkbox"/>	<input type="checkbox"/>	Unknown	L. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	_____			M. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above	<p>18. Investigation Indicates the Pilot Was (mark appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Overworked</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Distracted, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fatigued</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Actively Scanning</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Not Actively Scanning</td> </tr> <tr> <td>F. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unable to Locate Traffic, Even With Traffic Advisory</td> </tr> <tr> <td>G. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Disoriented or Lost</td> </tr> <tr> <td>H. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sick, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>I. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Not Following ATC Instructions, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>J. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization</td> </tr> <tr> <td>K. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Operating with Transponder Off</td> </tr> <tr> <td>L. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Responding to TCAS Resolution Advisory</td> </tr> <tr> <td>M. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>N. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>O. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None of the Above</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Overworked	B. <input type="checkbox"/>	<input type="checkbox"/>	Distracted, Specify _____	_____			C. <input type="checkbox"/>	<input type="checkbox"/>	Fatigued	D. <input type="checkbox"/>	<input type="checkbox"/>	Actively Scanning	E. <input type="checkbox"/>	<input type="checkbox"/>	Not Actively Scanning	F. <input type="checkbox"/>	<input type="checkbox"/>	Unable to Locate Traffic, Even With Traffic Advisory	G. <input type="checkbox"/>	<input type="checkbox"/>	Disoriented or Lost	H. <input type="checkbox"/>	<input type="checkbox"/>	Sick, Specify _____	_____			I. <input type="checkbox"/>	<input type="checkbox"/>	Not Following ATC Instructions, Specify _____	_____			J. <input type="checkbox"/>	<input type="checkbox"/>	Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization	K. <input type="checkbox"/>	<input type="checkbox"/>	Operating with Transponder Off	L. <input type="checkbox"/>	<input type="checkbox"/>	Responding to TCAS Resolution Advisory	M. <input type="checkbox"/>	<input type="checkbox"/>	Unknown	N. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	_____			O. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above
Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Communication																																																																																																																																							
B. <input type="checkbox"/>	<input type="checkbox"/>	Transponder																																																																																																																																							
C. <input type="checkbox"/>	<input type="checkbox"/>	Navigation, excluding Autopilot																																																																																																																																							
D. <input type="checkbox"/>	<input type="checkbox"/>	Autopilot																																																																																																																																							
E. <input type="checkbox"/>	<input type="checkbox"/>	Altimeter																																																																																																																																							
F. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																																																							
G. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																																																							

H. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above, Equipment Malfunction Not a Factor																																																																																																																																							
Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Aircraft																																																																																																																																							
B. <input type="checkbox"/>	<input type="checkbox"/>	Avionics																																																																																																																																							
C. <input type="checkbox"/>	<input type="checkbox"/>	ATC Procedures																																																																																																																																							
D. <input type="checkbox"/>	<input type="checkbox"/>	ATC Terminology or Phraseology																																																																																																																																							
E. <input type="checkbox"/>	<input type="checkbox"/>	English Language																																																																																																																																							
F. <input type="checkbox"/>	<input type="checkbox"/>	Preflight Planning																																																																																																																																							
G. <input type="checkbox"/>	<input type="checkbox"/>	Crew Coordination																																																																																																																																							
H. <input type="checkbox"/>	<input type="checkbox"/>	Weather																																																																																																																																							
I. <input type="checkbox"/>	<input type="checkbox"/>	Airport																																																																																																																																							
J. <input type="checkbox"/>	<input type="checkbox"/>	Current Charts and Approach Plates																																																																																																																																							
K. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																																																							
L. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																																																							

M. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above																																																																																																																																							
Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Overworked																																																																																																																																							
B. <input type="checkbox"/>	<input type="checkbox"/>	Distracted, Specify _____																																																																																																																																							

C. <input type="checkbox"/>	<input type="checkbox"/>	Fatigued																																																																																																																																							
D. <input type="checkbox"/>	<input type="checkbox"/>	Actively Scanning																																																																																																																																							
E. <input type="checkbox"/>	<input type="checkbox"/>	Not Actively Scanning																																																																																																																																							
F. <input type="checkbox"/>	<input type="checkbox"/>	Unable to Locate Traffic, Even With Traffic Advisory																																																																																																																																							
G. <input type="checkbox"/>	<input type="checkbox"/>	Disoriented or Lost																																																																																																																																							
H. <input type="checkbox"/>	<input type="checkbox"/>	Sick, Specify _____																																																																																																																																							

I. <input type="checkbox"/>	<input type="checkbox"/>	Not Following ATC Instructions, Specify _____																																																																																																																																							

J. <input type="checkbox"/>	<input type="checkbox"/>	Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization																																																																																																																																							
K. <input type="checkbox"/>	<input type="checkbox"/>	Operating with Transponder Off																																																																																																																																							
L. <input type="checkbox"/>	<input type="checkbox"/>	Responding to TCAS Resolution Advisory																																																																																																																																							
M. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																																																							
N. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																																																							

O. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above																																																																																																																																							
<p>19. Air Traffic Control (mark appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Did Not Alert Pilot to Other Aircraft in Timely Manner</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Did Not Observe Aircraft</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Did Not Coordinate Properly Between Controllers</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>F. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None of the Above</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Did Not Alert Pilot to Other Aircraft in Timely Manner	B. <input type="checkbox"/>	<input type="checkbox"/>	Did Not Observe Aircraft	C. <input type="checkbox"/>	<input type="checkbox"/>	Did Not Coordinate Properly Between Controllers	D. <input type="checkbox"/>	<input type="checkbox"/>	Unknown	E. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	_____			F. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above	<p>20. Was There a Pilot Deviation? (mark one per aircraft):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Yes, Specify Report No(s).</td> </tr> <tr> <td colspan="3">P _____</td> </tr> <tr> <td colspan="3">P _____</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, Specify _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Yes, Specify Report No(s).	P _____			P _____			B. <input type="checkbox"/>	<input type="checkbox"/>	No	C. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____	_____			<p>21. Pilot Statements (mark one per aircraft):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Rptg</td> <td style="text-align: center;">Other</td> <td></td> </tr> <tr> <td>A. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Received</td> </tr> <tr> <td>B. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Requested, But Declined</td> </tr> <tr> <td>C. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Requested, Not Received</td> </tr> <tr> <td>D. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Not Requested</td> </tr> <tr> <td>E. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Aircraft Unknown</td> </tr> </table>	Rptg	Other		A. <input type="checkbox"/>	<input type="checkbox"/>	Received	B. <input type="checkbox"/>	<input type="checkbox"/>	Requested, But Declined	C. <input type="checkbox"/>	<input type="checkbox"/>	Requested, Not Received	D. <input type="checkbox"/>	<input type="checkbox"/>	Not Requested	E. <input type="checkbox"/>	<input type="checkbox"/>	Aircraft Unknown																																																																								
Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Did Not Alert Pilot to Other Aircraft in Timely Manner																																																																																																																																							
B. <input type="checkbox"/>	<input type="checkbox"/>	Did Not Observe Aircraft																																																																																																																																							
C. <input type="checkbox"/>	<input type="checkbox"/>	Did Not Coordinate Properly Between Controllers																																																																																																																																							
D. <input type="checkbox"/>	<input type="checkbox"/>	Unknown																																																																																																																																							
E. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																																																							

F. <input type="checkbox"/>	<input type="checkbox"/>	None of the Above																																																																																																																																							
Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Yes, Specify Report No(s).																																																																																																																																							
P _____																																																																																																																																									
P _____																																																																																																																																									
B. <input type="checkbox"/>	<input type="checkbox"/>	No																																																																																																																																							
C. <input type="checkbox"/>	<input type="checkbox"/>	Other, Specify _____																																																																																																																																							

Rptg	Other																																																																																																																																								
A. <input type="checkbox"/>	<input type="checkbox"/>	Received																																																																																																																																							
B. <input type="checkbox"/>	<input type="checkbox"/>	Requested, But Declined																																																																																																																																							
C. <input type="checkbox"/>	<input type="checkbox"/>	Requested, Not Received																																																																																																																																							
D. <input type="checkbox"/>	<input type="checkbox"/>	Not Requested																																																																																																																																							
E. <input type="checkbox"/>	<input type="checkbox"/>	Aircraft Unknown																																																																																																																																							
<p>22. Corrections and Additions to FAA Form 8020-21 (specify item number and new information or mark box): <input type="checkbox"/> FAA Form 8020-21 is complete and accurate.</p> <p>_____</p> <p>_____</p>																																																																																																																																									

