



## Air Traffic Incident Report Form

Eswatini Civil Aviation Authority Air Traffic Incident Report Form			FORM:
Please use this form as the guideline to fill the data for the occurrence and send to Safety manager, ( <a href="mailto:safetymanager@eswacaa.co.sz">safetymanager@eswacaa.co.sz</a> ) Additional information that is required, not categorized under the given fields shall be included in the narrative. If report is CONFIDENTIAL – clearly Mark at the top & provide contact address/tel. no. your wish will be respected.			
<b>A. Aircraft Identification:</b>			
<b>B. Type of Incident:</b> <input type="checkbox"/> ACCIDENT <input type="checkbox"/> AIRPROX <input type="checkbox"/> INCIDENT <input type="checkbox"/> INFRINGEMENT			
<b>C. The Incident</b>			
1. General	Date:	Time (UTC):	Position:
<b>2. Own aircraft</b>			
	Heading and route:	True airspeed (Knots):	Level and altimeter setting:
a) Aircraft climbing or descending:	<input type="checkbox"/> Level flight	<input type="checkbox"/> Climbing	<input type="checkbox"/> Descending
b) Aircraft bank angle	<input type="checkbox"/> Wing level <input type="checkbox"/> Steep bank	<input type="checkbox"/> Slight bank <input type="checkbox"/> Inverted	<input type="checkbox"/> Moderate bank <input type="checkbox"/> Unknown
c) Aircraft direction of bank	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Unknown
d) Restriction to visibility (select as many as required)	<input type="checkbox"/> Sun glare <input type="checkbox"/> Other cockpit structure	<input type="checkbox"/> Windscreen pillar	<input type="checkbox"/> Dirty Windscreen <input type="checkbox"/> None
e) Use of aircraft lighting	<input type="checkbox"/> Navigation	<input type="checkbox"/> Strobe lights	<input type="checkbox"/> Cabin lights
	<input type="checkbox"/> Red anti-collision lights	<input type="checkbox"/> Landing/taxi lights	<input type="checkbox"/> Other
		<input type="checkbox"/> Logo(tail fin) lights	<input type="checkbox"/> None
f) Traffic avoidance advice issued by ATS	<input type="checkbox"/> Yes, based on ATS Surveillance system		
	<input type="checkbox"/> Yes, based on visual sighting		
	<input type="checkbox"/> Yes, based on other Information		<input type="checkbox"/> No
g) Traffic information issued	<input type="checkbox"/> Yes, based on ATS Surveillance system		
	<input type="checkbox"/> Yes, based on visual sighting		
	<input type="checkbox"/> Yes, based on other, Information		<input type="checkbox"/> No
h) Airborne collision avoidance system – ACAS	<input type="checkbox"/> Not carried		<input type="checkbox"/> Type
	<input type="checkbox"/> Traffic advisory issued		
	<input type="checkbox"/> Resolution advisory issued		
	<input type="checkbox"/> Traffic advisory or resolution advisory not issued		

i) Identification	<input type="checkbox"/> No ATS surveillance System available		
	<input type="checkbox"/> Identification	<input type="checkbox"/> No identification	
j) Other aircraft sight	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Wrong aircraft sighted
k) Avoiding action taken	<input type="checkbox"/> Yes		<input type="checkbox"/> No
m) Type of flight plan	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR	<input type="checkbox"/> None
<b>3. Other aircraft</b>			
		a) Type and call sign/registration (if Known):	
b) if a) above not known	<input type="checkbox"/> High wing	<input type="checkbox"/> Mid	<input type="checkbox"/> Low wing
	<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> 1 engine	<input type="checkbox"/> 2 engine
	<input type="checkbox"/> 3 engine	<input type="checkbox"/> 4 engine	<input type="checkbox"/> More than 4 engines
	Other available details:		
a) Aircraft climbing or descending	<input type="checkbox"/> Level flight	<input type="checkbox"/> Climbing	
	<input type="checkbox"/> Descending	<input type="checkbox"/> Unknown	
b) Aircraft bank angle	<input type="checkbox"/> Wings level	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate bank
	<input type="checkbox"/> Steep bank	<input type="checkbox"/> Inverted	<input type="checkbox"/> Unknown
c) Aircraft direction of bank	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Unknown
d) Lights displayed	<input type="checkbox"/> Navigation	<input type="checkbox"/> Strobe	<input type="checkbox"/> Cabin lights
	<input type="checkbox"/> Red anti		<input type="checkbox"/> Logo (tail fin) lights
	<input type="checkbox"/> Other	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
e) Traffic avoidance advice issued by ATS	<input type="checkbox"/> Yes, based on ATS Surveillance system		
	<input type="checkbox"/> Yes, based on visual sighting		
	<input type="checkbox"/> Yes, based on other Information	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
f) Traffic information issued	<input type="checkbox"/> Yes, based on ATS Surveillance system		
	<input type="checkbox"/> Yes, based on visual sighting n		
	<input type="checkbox"/> Yes, based on other Information	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
h) Avoiding action taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>4. Distance</b>			
	Closest horizontal distance::		
	Closest vertical distance		
<b>5. Meteorological conditions</b>			
	<input type="checkbox"/> IMC <input type="checkbox"/> VMC	<input type="checkbox"/> Above Clouds	<input type="checkbox"/> Below Clouds
		<input type="checkbox"/> Fog	<input type="checkbox"/> Haze <input type="checkbox"/> Between layers
	Distance vertically from cloud .....m /ft, below ..... m / ft		
	In, <input type="checkbox"/> Cloud <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Haze		
<input type="checkbox"/> Flying into sun	<input type="checkbox"/> Flying away from sun	Flight visibility .....m / km	

**6. Any other information considered important by the pilot-in-command:**

---



---



---



---

**D. Miscellaneous**

1) Information regarding reporting aircraft (Own Aircraft)	A/C Registration:	Aircraft Type:
	Operator:	Destination:
	Aerodrome of Departure:	Aerodrome of First Landing:
	Reported by radio or other means to..... (ATS Unit) at Time ..... on Date .....	
Person receiving report	a) Designation _____ b) Signature _____	

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

Receipt of report	Report received via AFTN / radio / telephone / other (specify)*
-------------------	---

**F. Details Of ATC Action**

Action taken by ATC (Explain Clearance, ATC surveillance system, warning given)

---



---



---



---

Person submitting report	Designation	
	Address & Contact Number	
	Signature	