



**YCS Aviation Safety Action Program
Incident Report Form**

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

Home: _____
Other: _____

Hours: _____
Hours: _____

Name: _____

Address/PO Box: _____

City: _____ State: _____ ZIP: _____

REPORTER		FLYING TIME (IN HOURS)	
<input type="radio"/> PIC Flying <input type="radio"/> Co. Instructor <input type="radio"/> Pilot Not Flying <input type="radio"/> Other _____ <input type="radio"/>		Last 90 Days: <input style="width: 50px;" type="text"/> hrs Time in Type: <input style="width: 50px;" type="text"/> hrs	
CERTIFICATE RATINGS			
AIRSPACE Class _____ Special _____ TFR _____	CONDITIONS/ WEATHER ELEMENTS Marginal _____ VMC _____ IMC _____ Mixed _____	Fog _____ Hail _____ Hail _____ T-Storm _____ Haze/Smoke _____ Turbulance _____ Icing __ Rain _____ Windshear _____ Other _____	LIGHT/VISIBILITY Dawn <input type="radio"/> Daylight <input type="radio"/> Night <input type="radio"/> Dusk <input type="radio"/> Ceiling _____ ft Visibility _____ miles RVR _____ ft
		ATC/ADVISORY SVC. Ground <input type="radio"/> ATC Facility Ramp <input type="radio"/> _____ Tower <input type="radio"/> _____ TRACON <input type="radio"/> Center <input type="radio"/> FSS <input type="radio"/> UNICON <input type="radio"/>	

AIRCRAFT 1

Your Aircraft Type _____ (Make/Model)			
FAR Part: <input type="radio"/> 135 <input type="radio"/> 91	Mission: Passenger <input type="radio"/> Personal <input type="radio"/> Cargo/Freight <input type="radio"/> Training <input type="radio"/> Ferry <input type="radio"/>	Flight Plan: VFR <input type="radio"/> IFR <input type="radio"/> SVFR <input type="radio"/> DVFR <input type="radio"/> None <input type="radio"/>	Flight Phase: Taxi <input type="radio"/> Parked <input type="radio"/> Takeoff <input type="radio"/> Initial Climb <input type="radio"/> Climb <input type="radio"/> Cruise <input type="radio"/> Descent <input type="radio"/> Initial Approach <input type="radio"/> Final Approach <input type="radio"/> Missed GAR <input type="radio"/> Landing <input type="radio"/> Other: _____
Operator: <input type="radio"/> Air Carrier <input type="radio"/> Other _____ _____			
Route in Use: <input type="radio"/> Direct <input type="radio"/> Visual Approach <input type="radio"/> Airway (ID) _____ <input type="radio"/> Oceanic <input type="radio"/> None <input type="radio"/> STAR (ID) _____ <input type="radio"/> Vectors <input type="radio"/> Other: _____ <input type="radio"/> SID (ID) _____			

Your Aircraft Type 2 _____ (Make/Model)

FAR Part: 135 91 Mission: Flight Plan: Flight Phase:

Operator: <input type="radio"/> Air Carrier <input type="radio"/> Other _____ _____	<input type="radio"/> Passenger	<input type="radio"/> VFR	<input type="radio"/> Taxi	<input type="radio"/> Parked
	<input type="radio"/> Personal	<input type="radio"/> IFR	<input type="radio"/> Takeoff	<input type="radio"/> Initial Climb
	<input type="radio"/> Cargo/Freight	<input type="radio"/> SVFR	<input type="radio"/> Climb	<input type="radio"/> Cruise
	<input type="radio"/> Training	<input type="radio"/> DVFR	<input type="radio"/> Descent	<input type="radio"/> Initial Approach
	<input type="radio"/> Ferry	<input type="radio"/> None	<input type="radio"/> Final Approach	<input type="radio"/> Missed GAR
			<input type="radio"/> Landing	<input type="radio"/> Other: _____

Route in Use: Direct Visual Approach Airway (ID) _____
 Oceanic None STAR (ID) _____
 Vectors Other: _____ SID (ID) _____

LOCATION	CONFLICTS
Altitude: _____ (Single Value) <input type="radio"/> MSL <input type="radio"/> AGL	Estimated miss distance in feet: Horizontal: _____ Vertical: _____
Distance: _____ and/or Radial: (bearing) _____ from	Was evasive action taken? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Airport <input type="radio"/> ATC FAC	Was TCAS a factor? <input type="radio"/> TA <input type="radio"/> RA <input type="radio"/> No
<input type="radio"/> Intersection <input type="radio"/> NAVAID	Did terrain warning system activate? <input type="radio"/> Yes <input type="radio"/> No

Date of incident: _____ **DESCRIBE EVENT/SITUATION**

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused problem, and what can be done to prevent a recurrence, or correct the situation.

CHAIN OF EVENTS	HUMAN PERFORMANCE CONSIDERATIONS
<ul style="list-style-type: none">-How the problem arose-How it was discovered-Contributing factors-Corrective actions	<ul style="list-style-type: none">-Perceptions, judgements, decisions-Actions or inactions-Factors affecting the quality of human performance