

**ISLAMIC REPUBLIC OF AFGHANISTAN
AIR TRAFFIC INCIDENT REPORT FORM**



For detailed completion instructions refer to the Afghanistan AIP

Completed form is to be e-mailed to:
The General Establishment for Civil Aviation:
Ministry of Transport Liaison
CFACC Safety:

Fax:(00873) 762-523-846
(00873) 070-172-299

E-mail: CAOCsafety.flight@auab.afcent.af.mil

Section 1 – GENERAL INFORMATION

TYPE OF INCIDENT	A	INCIDENT/AIRPROX/PROCEDURE/ FACILITY*
Name of pilot in command	B	
Operator	C	
Identification marking of aircraft	D	
Aircraft Type	E	
Radio call sign - In communication with frequency at time of incident	F	
Aerodrome of departure	G	
Aerodrome of first intended landing and destination, if different	H	
Type of flight plan	I	IFR/VFR NONE*
Position at time of incident heading or route-true speed	J	
Flight Level. Altitude or Height- Altimeter setting-Attitude	K	Level flight/Climbing/descending/Turning*
Flight weather conditions at time of incident	L	IMC/VMC Above/below cloud/ Fog / Haze Horizontally from cloud between cloud layers In cloud /rain/ snow/ sleet/ Fog/ Haze/ Flying onto/ out of sun Flight visibility
Date and time of incident in UTC Reported by radio to:	M	AFIS/TWR/ACC/FIC* At.....(date/time)

* Delete that which is not applicable.

Section 2 – DETAILED INFORMATION

Description of other aircraft if relevant (type, high/low wing, number of engines, radio call sign registration marking, color, lighting, other available details)			N	
Description of incident (if desired add comment or suggestion including your opinion on the probable cause of the incident. In case of near/collision, give information on respective flight paths, estimated vertical and horizontal sighting and miss distances between aircraft and avoiding action taken by either aircraft)			O	
Date of completion of form: Time: Place.....	Function and signature of person receiving report	Function and signature submitting report		

Section 3 - SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERED

How report received	P	Radio/telephone/teleprinter* at ARO/AFIS/TWR/APP/ACC/FIC*
Details of ATS action: clearance, incident observed on Radar, warning giving result of local inquiry, etc.	Q	
* Tick out as appropriate		Signature of ATS officer..... Date/time UTC.....