



The Hashemite Kingdom of Jordan Civil Aviation Authority

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PRELIMINARY PILOT DEVIATION REPORT	Incident Report Number

Complete items 1 to 9 & 27 to 31 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 25. Complete the form by hand or typewriter.

1) Date, Time and Location of Deviation: a. Date UTC (Coordinated Universal Time) _____ b. UTC Time _____ c. Local Time _____ d. Nearest City or Town & State _____	2) Pilot information (complete or mark box): <input type="checkbox"/> All information Unknown a. Name & Address: _____ Name (first, middle, last) Address: _____ City Country Zip b. Daytime Telephone Number: _____ c. Pilot Certificate No.: (or enter "Military") _____	3) Deviation First Detected by: <input type="checkbox"/> Error Detection Program (EDB) <input type="checkbox"/> Radar Observation (Exclude EDP) <input type="checkbox"/> Visual Observation (tower) <input type="checkbox"/> Public, including pilots <input type="checkbox"/> Other (specify): _____ _____ _____
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4) Aircraft information (complete or mark box): <input type="checkbox"/> All information Unknown Registration No.: _____ Flight No. or call-sign (if applicable): _____ Make: _____ Model: _____	5) Type of Operation at Time of Deviation: <input type="checkbox"/> Jordanian Air Carrier <input type="checkbox"/> Foreign Air Carrier <input type="checkbox"/> Commuter <input type="checkbox"/> Air Taxi <input type="checkbox"/> General Aviation <input type="checkbox"/> Public (Governmental) <input type="checkbox"/> Military (specify service) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____
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6) Type of Flight Rules at Time of Deviation: <input type="checkbox"/> Instrument Flight Rules (IFR) <input type="checkbox"/> Visual Flight Rules (VFR) <input type="checkbox"/> Special VFR <input type="checkbox"/> Unknown	7) Phase(s) of Flight When Deviation Occurred: <input type="checkbox"/> Taxi <input type="checkbox"/> Approach <input type="checkbox"/> Takeoff <input type="checkbox"/> Level Flight or Cruise <input type="checkbox"/> Landing <input type="checkbox"/> Turning or Maneuvering <input type="checkbox"/> Climb <input type="checkbox"/> Unknown <input type="checkbox"/> Descent <input type="checkbox"/> Other (specify) _____
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8) Number of Aircraft involved (provide data on any aircraft not listed in item 4):

<input type="checkbox"/> One	Aircraft No.	Flight No. or Call-sign	Make	Model
<input type="checkbox"/> Two	_____	_____	_____	_____
<input type="checkbox"/> Three	_____	_____	_____	_____
<input type="checkbox"/> Four or more	_____	_____	_____	_____
<input type="checkbox"/> Unknown	_____	_____	_____	_____

9) Type of Deviation(s) (mark appropriate boxes)

Surface (complete items 10 to 14 & 27 to 33)

Air (complete items 15 to 33)

10) Type of Control at Surface Deviation Location:

Ground Control

Tower Control

Unknown

11) Airport ID at Surface Deviation Location

12) Surface Deviation Type(s):

Takeoff without clearance

Takeoff on wrong runway or taxiway

Landed without clearance

Landed or takeoff below weather minima

Landed on wrong runway, taxiway or airport

Entered runway or taxiway without clearance

Careless or reckless aircraft operation

Careless or reckless airport operation

Did not close flight plan

Other (specify) _____

13) Loss of separation with:

Ground vehicle

Personnel

Another aircraft on ground

Another aircraft on air

Obstruction

Not applicable

Unknown

14) Closest proximity was:

Under 100 feet

100-499 feet

499- 1,000 feet

Over 1,000 feet

Not Applicable

Unknown

If Surface Deviation Only Skip To Item 26

15) Location in traffic pattern during Deviation:

Upwind

cross wind

Base leg

Final approach

Entry or Downwind

Departure leg or exit

Not in Traffic Pattern

Unknown

Other (specify) _____

16) Aircraft altitude when deviation detected:

_____, _____ feet MSL

Unknown

17) Transponder:

Operating with altitude reporting

Operating without altitude reporting

Not functioning (broken or off)

No Transponder

Unknown

18) a. Was the Aircraft equipped with TCAS?

Yes No Unknown

b. If yes, was TCAS operating during deviation?

Yes No Unknown

c. If yes, was TCAS involved in deviation?

Yes No Unknown

d. If yes, describe involvement.

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19) Distance & degrees to nearest Fixed or facility to deviation:

20) Operational control area of aircraft:

- Class A airspace
- Class B airspace
- Class C airspace
- Class G airspace

21) Location ID Facility (ies) providing air traffic services during deviation

22) Preliminary information indicates the Air Deviation type was:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ATC altitude clearance deviation <input type="checkbox"/> ATC course clearance deviation <input type="checkbox"/> Airspeed clearance violation <input type="checkbox"/> Flying VFR when IFR required <input type="checkbox"/> Pilot unqualified for aircraft or condition | <ul style="list-style-type: none"> <input type="checkbox"/> Required aircraft equipment not operating <input type="checkbox"/> Careless or reckless aircraft operation <input type="checkbox"/> Unauthorized low level flying <input type="checkbox"/> Missed Compulsory Reporting Point <input type="checkbox"/> Noncompliance with other regulation (specify JCAR number(s):
_____) |
|--|--|

23) Preliminary information indicates the Airspace Deviation type was:

- Class A airspace
- Class B airspace
- Class C airspace
- Class G airspace

24) If ATC altitude or course clearance deviation, maximum deviation was:

- No clearance deviation
- Vertical _____ feet or Unknown
- Horizontal _____ feet or _____ miles or Unknown

25) If there was loss of separation, closest proximity was:

- No clearance deviation
- Vertical _____ feet or Unknown
- Horizontal _____ feet or _____ miles or Unknown

26) Brief description of deviation and comments:

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27) Attachments (specify _____) No attachment

28) Reporting office:

Location _____

Telephone Number: _____

29) Name of individual completing Form

Name:

Signature:

Date:

30) Facility Manager approving Form

Name:

Signature:

Date:

31) Report distributed to:

a. _____

b. _____

c. _____

d. _____

e. _____