

PRELIMINARY PILOT DEVIATION REPORT				Incident Report Number																												
(Continued)																																
<p>8) Number of Aircraft involved (provide data on any aircraft not listed in item 4):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> One</td> <td style="width: 15%;">Aircraft No.</td> <td style="width: 20%;">Flight No. or Call-sign</td> <td style="width: 15%;">Make</td> <td style="width: 15%;">Model</td> </tr> <tr> <td><input type="checkbox"/> Two</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Three</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Four or more</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				<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	_____	_____	_____	_____	<p>9) Type of Deviation(s) (mark appropriate boxes)</p> <p><input type="checkbox"/> Surface (complete items 10 to 14 & 27 to 33)</p> <p><input type="checkbox"/> Air (complete items 15 to 33)</p>			
<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	_____	_____	_____	_____																												
<p>10) Type of Control at Surface Deviation Location:</p> <p><input type="checkbox"/> Ground Control</p> <p><input type="checkbox"/> Tower Control</p> <p><input type="checkbox"/> Unknown</p>	<p>11) Airport ID at Surface Deviation Location</p>	<p>12) Surface Deviation Type(s):</p> <p><input type="checkbox"/> Takeoff without clearance</p> <p><input type="checkbox"/> Takeoff on wrong runway or taxiway</p> <p><input type="checkbox"/> Landed without clearance</p> <p><input type="checkbox"/> Landed or takeoff below weather minima</p> <p><input type="checkbox"/> Landed on wrong runway, taxiway or airport</p> <p><input type="checkbox"/> Entered runway or taxiway without clearance</p>		<p><input type="checkbox"/> Careless or reckless aircraft operation</p> <p><input type="checkbox"/> Careless or reckless airport operation</p> <p><input type="checkbox"/> Did not close flight plan</p> <p><input type="checkbox"/> Other (specify) _____</p>																												
<p>13) Loss of separation with:</p> <p><input type="checkbox"/> Ground vehicle</p> <p><input type="checkbox"/> Personnel</p> <p><input type="checkbox"/> Another aircraft on ground</p> <p><input type="checkbox"/> Another aircraft on air</p> <p><input type="checkbox"/> Obstruction</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Unknown</p>	<p>14) Closest proximity was:</p> <p><input type="checkbox"/> Under 100 feet</p> <p><input type="checkbox"/> 100-499 feet</p> <p><input type="checkbox"/> 499- 1.000 feet</p> <p><input type="checkbox"/> Over 1.000feet</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unknown</p>		<p>If Surface Deviation Only Skip To Item 26</p>		<p>15) Location in traffic pattern during Deviation:</p> <p><input type="checkbox"/> Upwind</p> <p><input type="checkbox"/> cross wind</p> <p><input type="checkbox"/> Base leg</p> <p><input type="checkbox"/> Final approach</p> <p><input type="checkbox"/> Entry or Downwind</p> <p><input type="checkbox"/> Departure leg or exit</p> <p><input type="checkbox"/> Not in Traffic Pattern</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other (specify) _____</p>																											
<p>16) Aircraft altitude when deviation detected:</p> <p>_____, _____ feet MSL</p> <p><input type="checkbox"/> Unknown</p>	<p>17) Transponder:</p> <p><input type="checkbox"/> Operating with altitude reporting</p> <p><input type="checkbox"/> Operating without altitude reporting</p> <p><input type="checkbox"/> Not functioning (broken or off)</p> <p><input type="checkbox"/> No Transponder</p> <p><input type="checkbox"/> Unknown</p>		<p>18) a. Was the Aircraft equipped with TCAS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>b. If yes, was TCAS operating during deviation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>c. If yes, was TCAS involved in deviation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>d. If yes, describe involvement.</p> <p>_____</p> <p>_____</p> <p>_____</p>																													

PRELIMINARY PILOT DEVIATION REPORT

(Continued)

Incident Report Number

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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. _____

CARC / AAID Form 31-5