

GOVERNMENT OF INDIA
OFFICE OF THE DIRECTOR GENERAL OF CIVIL AVIATION
AIR SAFETY DIRECTORATE

Air Safety Circular No.03 of 2015

AV.15011/ASC/4/2015-AS

Dated 27th November, 2015

Subject: Reporting of Air Traffic Related Incidents

CAR Section 5, Series C, Part I provides for reporting of incidents/occurrences including air traffic incidents. ICAO Doc 4444 has prescribed model air traffic incident report form. The form has been reproduced as attachment to this circular. In addition to the occurrence report format contained in CAR Section 5, Series C, Part I, for air traffic incidents this form is also required to be filled up.

All the air operators are advised to ensure that filled in form by their flight crew is forwarded to DGCA as per the procedure stipulated in the Civil Aviation Requirements with a copy to the Executive Director (ATM), Airports Authority of India.

(Lalit Gupta)

Joint Director General for Civil Aviation

DGCA Air Traffic Incident Report Form

AIR TRAFFIC INCIDENT REPORT FORM		
For use when submitting and receiving reports on air traffic incidents. In an initial report by radio, shaded items should be included.		
A — AIRCRAFT IDENTIFICATION	B — TYPE OF INCIDENT	
	AIRPROX / PROCEDURE / FACILITY*	
C — THE INCIDENT		
1. General		
a) Date / time of incident _____	UTC	
b) Position _____		
2. Own aircraft		
a) Heading and route _____		
b) True airspeed _____ measured in () kt () km/h _____		
c) Level and altimeter setting _____		
d) Aircraft climbing or descending		
() Level flight	() Climbing	() Descending
e) Aircraft bank angle		
() Wings level	() Slight bank	() Moderate bank
() Steep bank	() Inverted	() Unknown
f) Aircraft direction of bank		
() Left	() Right	() Unknown
g) Restrictions to visibility (select as many as required)		
() Sun glare	() Windscreen pillar	() Dirty windscreen
() Other cockpit structure	() None	
h) Use of aircraft lighting (select as many as required)		
() Navigation lights	() Strobe lights	() Cabin lights
() Red anti-collision lights	() Landing / taxi lights	() Logo (tail fin) lights
() Other	() None	
i) Traffic avoidance advice issued by ATS		
() Yes, based on ATS surveillance system	() Yes, based on visual sighting	() Yes, based on other information
() No		
j) Traffic information issued		
() Yes, based on ATS surveillance system	() Yes, based on visual sighting	() Yes, based on other information
() No		

* Delete as appropriate.

- k) 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 | |
- l) Identification
- | | | |
|---|---|--|
| <input type="checkbox"/> No ATS surveillance system available | <input type="checkbox"/> Identification | <input type="checkbox"/> No identification |
|---|---|--|
- m) Other aircraft sighted
- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Wrong aircraft sighted |
|------------------------------|-----------------------------|---|
- n) Avoiding action taken
- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
|------------------------------|-----------------------------|--|
- o) Type of flight plan IFR / VFR / none*

3. Other aircraft

a) Type and call sign / registration (if known) _____

b) If a) above not known, describe below

- | | | |
|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> High wing | <input type="checkbox"/> Mid wing | <input type="checkbox"/> Low wing |
| <input type="checkbox"/> Rotorcraft | | |
| <input type="checkbox"/> 1 engine | <input type="checkbox"/> 2 engines | <input type="checkbox"/> 3 engines |
| <input type="checkbox"/> 4 engines | <input type="checkbox"/> More than 4 engines | |

Marking, colour or other available details

- c) Aircraft climbing or descending
- | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Level flight | <input type="checkbox"/> Climbing | <input type="checkbox"/> Descending |
| <input type="checkbox"/> Unknown | | |
- d) Aircraft bank angle
- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Wings level | <input type="checkbox"/> Slight bank | <input type="checkbox"/> Moderate bank |
| <input type="checkbox"/> Steep bank | <input type="checkbox"/> Inverted | <input type="checkbox"/> Unknown |
- e) Aircraft direction of bank
- | | | |
|-------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Unknown |
|-------------------------------|--------------------------------|----------------------------------|
- f) Lights displayed
- | | | |
|--|--|---|
| <input type="checkbox"/> Navigation lights | <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"/> Logo (tail fin) lights |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |

* Delete as appropriate.

- g) Traffic avoidance advice issued by ATS
 Yes, based on ATS surveillance system Yes, based on visual sighting Yes, based on other information
 No Unknown
- h) Traffic information issued
 Yes, based on ATS surveillance system Yes, based on visual sighting Yes, based on other information
 No Unknown
- i) Avoiding action taken
 Yes No Unknown

4. Distance

- a) Closest horizontal distance _____
b) Closest vertical distance _____

5. Flight meteorological conditions

- a) IMC / VMC*
b) Above / below* clouds / fog / haze or between layers*
c) Distance vertically from cloud _____ m / ft* below _____ m / ft* above
d) In cloud / rain / snow / sleet / fog / haze*
e) Flying into / out of* sun
f) Flight visibility _____ m / km*

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

D — MISCELLANEOUS

1. Information regarding reporting aircraft

- a) Aircraft registration _____
b) Aircraft type _____
c) Operator _____
d) Aerodrome of departure _____
e) Aerodrome of first landing _____ Destination _____
f) Reported by radio or other means to _____ (name of ATS unit) at date/time _____ UTC
g) Date / time / place of completion of form _____

* Delete as appropriate.

2. Function, address and signature of person submitting report

- a) Function _____
- b) Address _____
- c) Signature _____
- d) Telephone number _____

3. Function and signature of person receiving report

- a) Function _____
- b) Signature _____

E — SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERNED

1. Receipt of report

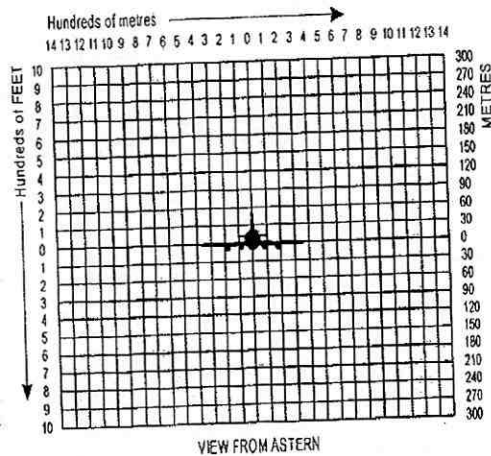
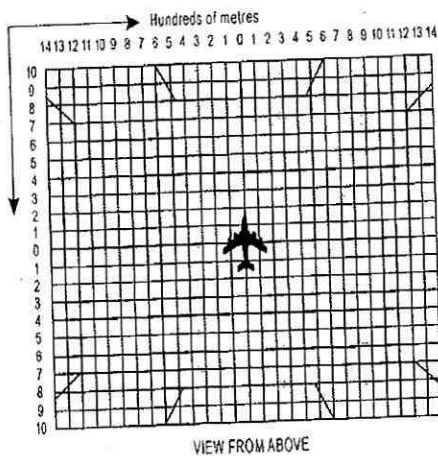
- a) Report received via AFTN / radio / telephone / other (specify)* _____
- b) Report received by _____ (name of ATS unit)

2. Details of ATS action

Clearance, incident seen (ATS surveillance system/visually, warning given, result of local enquiry, etc.)

DIAGRAMS OF AIRPROX

Mark passage of other aircraft relative to you, in plan on the left and in elevation on the right, assuming YOU are at the centre of each diagram. Include first sighting and passing distance.



* Delete as appropriate.