

For immediate action of UNSAFE or UNAUTHORIZED drone operations contact local authorities.

DO NOT REPORT UAS ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of ID strip to you.
 NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

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

HOME Area _____ No. _____ Hours _____

OTHER Area _____ No. _____ Hours _____

TYPE OF EVENT / SITUATION _____

NAME _____

ADDRESS/PO BOX _____

DATE OF OCCURRENCE _____
 (MM/DD/YYYY)

CITY _____ **STATE** _____ **ZIP** _____

LOCAL TIME (24 hr. clock) _____
 (HH:MM)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER

How were you involved in the UAS operation?	<input type="radio"/> Single Person Crew	<input type="radio"/> Multi-Person Crew	<input type="radio"/> Not Involved (e.g. eyewitness)
If part of a Multi-Person crew tell us:	Crew Size: _____ (total including reporter)		
	Role at time of event: (select all that apply)	<input type="checkbox"/> Person Manipulating Controls	<input type="checkbox"/> Visual Observer
		<input type="checkbox"/> Remote Pilot in Command (RPIC)	<input type="checkbox"/> Other Crew Member: _____
Reporter Location	<input type="radio"/> Outdoor / Field Station	<input type="radio"/> Indoor / Ground Control Station	<input type="radio"/> Repair Facility <input type="radio"/> Other: _____
Time manipulating controls of UAS (Estimated Time, round to nearest quarter hour)	Total Time to Date in all UAS Make / Models: _____ hrs (e.g. 14.25)		
	Time Last 90 Days in all UAS Make / Models: _____ hrs (e.g. 9.50)		
	Time to Date in UAS Make / Model involved in event: _____ hrs (e.g. 0.75)		
Manned aircraft flight experience (if applicable)	Total Time: _____ hrs		
FAA Certificates / Ratings held	<input type="checkbox"/> Remote Pilot / Part 107	<input type="checkbox"/> ATP - Manned	<input type="checkbox"/> Multiengine - Manned
	<input type="checkbox"/> Private - Manned	<input type="checkbox"/> Flight Instructor - Manned	<input type="checkbox"/> N/A (non-certificated recreational flyer)
	<input type="checkbox"/> Commercial - Manned	<input type="checkbox"/> Instrument - Manned	<input type="checkbox"/> Other: _____

WEATHER ELEMENTS

LIGHT / VISIBILITY

<input type="checkbox"/> Clear	<input type="checkbox"/> Haze/Smoke	<input type="checkbox"/> Snow	<input type="checkbox"/> Wind	<input type="checkbox"/> Dawn	<input type="checkbox"/> Night	Cloud Ceiling _____ feet
<input type="checkbox"/> Fog	<input type="checkbox"/> Icing	<input type="checkbox"/> Thunderstorm	<input type="checkbox"/> Windshear	<input type="checkbox"/> Daylight	<input type="checkbox"/> Dusk	Visibility _____ miles
<input type="checkbox"/> Hail	<input type="checkbox"/> Rain	<input type="checkbox"/> Turbulence	<input type="checkbox"/> Other: _____			

AIRSPACE

AIRSPACE AUTHORIZATION PROVIDER

<input type="checkbox"/> Class A	<input type="checkbox"/> Class D	<input type="checkbox"/> Special Use (e.g. MOA, Restricted, Prohibited)	<input type="radio"/> Authorized Third Party (e.g. USS / UTM App, LAANC provider)
<input type="checkbox"/> Class B	<input type="checkbox"/> Class E	<input type="checkbox"/> Temporary Flight Restriction (TFR)	<input type="radio"/> FAA Authorization (e.g. FAA Drone Zone, Fixed Flying Site LOA)
<input type="checkbox"/> Class C	<input type="checkbox"/> Class G		<input type="radio"/> N/A (e.g. class G airspace)
			<input type="radio"/> Other: _____

UAS INVOLVED IN EVENT

UAS Make / Model / Series: (or write "Homebuilt")	_____ (do not include registration or serial number)
Weight Category (at takeoff with payload)	<input type="radio"/> Micro UAS (< 0.55 lbs) <input type="radio"/> Medium UAS (at or above 55 lbs < 1320 lbs) <input type="radio"/> Small UAS (at or above .55 lbs & < 55 lbs) <input type="radio"/> Large UAS (at or above 1320 lbs)
Configuration	<input type="radio"/> Multi-Rotor <input type="radio"/> Fixed Wing <input type="radio"/> Helicopter <input type="radio"/> Hybrid (e.g. VTOL) <input type="radio"/> Other: _____
How many UASs were you controlling? (at time of event)	_____
Rule Flying Under	<input type="radio"/> 91 (Private / non-commercial) <input type="radio"/> 137 (Agricultural Operations) <input type="radio"/> 107 (UAS) <input type="radio"/> Public Aircraft Operations <input type="radio"/> 133 (Helicopters w/ external loads) <input type="radio"/> Limited Recreational Operations, 349 / 44809 <input type="radio"/> 135 (Chartered / non-scheduled flights) <input type="radio"/> Other: _____
Airworthiness Approval Certification (if applicable)	<input type="radio"/> Standard AC <input type="radio"/> Special AC <input type="radio"/> Special Authorization / Section 44807
Waivers / Exemptions / Authorizations	Were you operating under any Waivers / Exemptions / Authorizations? <input type="radio"/> Yes <input type="radio"/> No FAR Section Number / Other: _____

UAS INVOLVED IN EVENT (continued)			
Operator	<input type="radio"/> Air Carrier <input type="radio"/> Commercial Operator <input type="radio"/> Military <input type="radio"/> Other: _____ <input type="radio"/> Air Taxi <input type="radio"/> Government (local, state, federal, tribal) <input type="radio"/> Recreational / Hobbyist		
Mission	<input type="radio"/> Agriculture <input type="radio"/> Passenger <input type="radio"/> Surveying / Mapping <input type="radio"/> Banner Tow <input type="radio"/> Photo Shoot / Video <input type="radio"/> Test Flight / Demonstration <input type="radio"/> Cargo / Freight / Delivery <input type="radio"/> Public Safety / Pursuit <input type="radio"/> Training <input type="radio"/> Communications <input type="radio"/> Recreational / Hobbyist <input type="radio"/> Utility / Infrastructure (Inspection) <input type="radio"/> Observation / Surveillance <input type="radio"/> Search & Rescue <input type="radio"/> Other: _____		
Flight Operated As	<input type="radio"/> VLOS (Visual Line of Sight) <input type="radio"/> BVLOS (Beyond VLOS) With Visual Observer? <input type="radio"/> Yes <input type="radio"/> No		
UAS Control Mode (at time of event)	<input type="radio"/> Autonomous / Fully Automated <input type="radio"/> Manual Control <input type="radio"/> Waypoint Flying <input type="radio"/> Transitioning Between Modes		
Flight Phase (at time of event)	_____		
Was the UAS flying in, near or over: (select all that apply)			
<input type="checkbox"/> Aerial Show / Event (e.g. fireworks, airshow) <input type="checkbox"/> Emergency Services (e.g. police, fire) <input type="checkbox"/> Open Space / Field <input type="checkbox"/> Aircraft / UAS <input type="checkbox"/> Indoors / Confined Spaces <input type="checkbox"/> People / Populated Areas (e.g. residential) <input type="checkbox"/> Airport / Aerodrome / Heliport <input type="checkbox"/> Moving Vehicles (e.g. highways, busy streets, bridges) <input type="checkbox"/> Private Property <input type="checkbox"/> Critical Infrastructure <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Recreational Club / Fixed Flying Site <input type="checkbox"/> Crowds (e.g. sporting event, concert, festival) <input type="checkbox"/> No Drone Zone <input type="checkbox"/> Other: _____			
UAS / AIRCRAFT 2 INVOLVED IN EVENT			
Make / Model: (or describe)	_____ <input type="radio"/> UAS <input type="radio"/> Manned Aircraft		
UAS Weight Category	<input type="radio"/> Micro UAS <input type="radio"/> Small UAS <input type="radio"/> Medium UAS <input type="radio"/> Large UAS		
UAS Configuration	<input type="radio"/> Multi-Rotor <input type="radio"/> Fixed Wing <input type="radio"/> Helicopter <input type="radio"/> Hybrid (e.g. VTOL) <input type="radio"/> Other: _____		
Operator	<input type="radio"/> Air Carrier <input type="radio"/> Corporate <input type="radio"/> Personal <input type="radio"/> Air Taxi <input type="radio"/> Government (local, state, federal, tribal) <input type="radio"/> Recreational / Hobbyist (UAS) <input type="radio"/> Commercial Operator (UAS) <input type="radio"/> Military <input type="radio"/> Other: _____		
Flight Phase (at time of event)	_____		
If more than two aircraft or UAS was involved, please describe the additional aircraft / UAS in the "Describe Event / Situation" section.			
UAS LOCATION		NEAR MISS CONFLICTS	
Altitude: _____ feet	<input type="radio"/> AGL (above ground level)	<input type="radio"/> MSL (mean sea level)	Estimated miss distance from UAS / Aircraft:
Closest Airport: _____	State: _____	Distance: (nautical miles) _____	Horizontal: _____ feet Vertical: _____ feet
Closest VOR / NAVAID: _____	State: _____	Distance: (nautical miles) _____	How was the UAS / Aircraft conflict avoided?
			Operator commanded evasive action <input type="radio"/> Yes <input type="radio"/> No
			Collision avoidance system maneuver <input type="radio"/> Yes <input type="radio"/> No
CONTRIBUTING FACTORS			
What factors may have contributed: (select all that apply)	<input type="checkbox"/> Airspace Authorization / Flight Planning App <input type="checkbox"/> Human Factors (e.g. fatigue, confusion, situational awareness) <input type="checkbox"/> Command and Control (e.g. lost link, frequency interference) <input type="checkbox"/> Software and Automation (e.g. geofencing, return to home) <input type="checkbox"/> Environment (e.g. terrain, obstructions, lighting, fire) <input type="checkbox"/> UA Equipment (e.g. components, sensors, payload) <input type="checkbox"/> FAA Regulation Misinterpretation / Unaware <input type="checkbox"/> Weather Conditions (e.g. wind gust, lightning) <input type="checkbox"/> Ground Control Station / Remote Control Transmitter <input type="checkbox"/> Other: _____ (e.g. hardware failure, interface / display)		
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 the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)			
CHAIN OF EVENTS		Page 2 of 3	HUMAN PERFORMANCE CONSIDERATIONS
- How the problem arose - How it was discovered - Contributing factors - Corrective actions			- Perceptions, judgments, decisions - Actions or inactions - Factors affecting the quality of human performance

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

AVIATION SAFETY REPORTING SYSTEM

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46F. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this form as completely as possible, enclose in an sealed envelope, affix proper postage, and send it directly to us.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

Thank you for your contribution to aviation safety.

NOTE: AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830 (49CFR830).

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-0172 and it expires on 7/31/2022. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 189 Moffett Field, CA 94035-0189.

If you want to mail this form, please fold pages, enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM
 POST OFFICE BOX 189
 MOFFETT FIELD, CA 94035-0189



DESCRIBE EVENT / SITUATION (continued)

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance