



Laser Beam/Firework Occurrence Report

Complete ALL boxes. If Not Applicable use *N/A* or if Not Known use *N/K*. Avoid use of technical jargon, hieroglyphics and abbreviations. It is important that this form is completed in as much detail as possible

Headline					
UTC Date	UTC Time	ACFT Type	ACFT Reg	Callsign	
For pilot. Type of vision correction worn at time of incident?					
Environmental Factors					
Weather			VMC/IMC	Ambient light level	
Location Of Incident					
Location of Light source from (aircraft/ aerodrome/city/NAVID/fix)					
Location of aircraft from (aerodrome/city/NAVID/fix)					
Radial and distance					
Did the light hit your eye(s) directly or from the side?					
Phase of flight	Angle of incidence	Route/SID/STAR	Heading	Altitude	Bank & Pitch
Light Description					
Color	Nature of beam	Light source	Relative intensity	Duration of exposure	
Do you feel you were intentionally tracked?					
Position of light source?(relative to geographical feature or aircraft)					
Was the beam visible prior to incident?					
Where the light entered the cockpit?					
Elevation of the beam from horizontal (degrees)					
Effect On Individual					
Describe visual*/psychological/physical effects					
Duration of visual effects (seconds/minutes/hours/days)					
Do you intend to seek medical attention? <i>Note: This is recommended if even minor symptoms were experienced.</i>					
Effect on operational or cockpit procedures					
Narrative					