

# REPUBLIC OF IRAQ

## AIR TRAFFIC INCIDENT REPORT FORM



*Shaded boxes* contain items to be included in initial report.  
For detailed completion instructions refer to the Iraq AIP.

Completed form is to be e-mailed to:

**Director, Flight Safety, ICAA:**  
**Director, Air Traffic Services, ICAA:**  
**Director General, ICAA:**  
**CFACC Safety:**

Email: [iraqfltsafety@yahoo.com](mailto:iraqfltsafety@yahoo.com)

E-mail: [al\\_nueimi@yahoo.com](mailto:al_nueimi@yahoo.com)

E-mail: [ibiap1@yahoo.com](mailto:ibiap1@yahoo.com)

E-mail: [CAOC-FSLiaison@auab.centaf.af.mil](mailto:CAOC-FSLiaison@auab.centaf.af.mil)

### Section 1 – GENERAL INFORMATION

ATIRF#	
--------	--

TYPE OF INCIDENT*	A	INCIDENT	PROCEDURE
		AIRPROX	FACILITY
Name of Pilot in Command	B		
Operator at Time of Incident	C		
Identification Marking of Aircraft	D		
Aircraft Type	E		
Radio Call Sign and Radio Frequency at Time of Incident	F	Radio Call Sign: Radio Frequency:	
Aerodrome of Departure	G		
Aerodrome of First Intended Landing/Destination, if Different	H		
Type of Flight Plan	I	IFR / VFR / NONE	
Position (Latitude, Longitude, Fix, Heading, Route, True Airspeed)	J		
Altitude (Flight Level or Height), Altimeter Setting, Attitude	K	Altitude: Level / Climbing / Descending / Turning*	Altimeter Setting:
Flight Weather Conditions at Time of Incident	L	IMC / VMC Above/Below: Cloud / Fog / Haze* Horizontally from / Between Cloud Layers* Flying In: Cloud / Rain / Snow / Sleet / Fog / Haze* Flying into / out of sun* Flight visibility:	
Reported by Radio to:	M	AFIS / TWR / ACC / FIC*	
Date and Time of Incident in UTC		At.....(date/time)	

\* Delete or ~~Line Out~~ items that are not applicable.

**Section 2 – DETAILED INFORMATION**

Description of other aircraft if relevant (type, high/low wing, number of engines, radio call sign registration marking, color, lighting, other available details)			<b>N</b>	
Description of incident. If desired, add comments or suggestions (including your opinion) on the probable cause of the incident. In the case of near-collision, give information on respective flight paths, estimated vertical and horizontal sighting and miss distances between aircraft, and avoiding action taken by either aircraft.			<b>O</b>	
Date Form Completed Time: Place:	Function and Signature of Person Receiving Report X.....	Function and Signature of Person Submitting Report X.....		

**Section 3 - SUPPLEMENTARY INFORMATION BY ATS UNIT CONCERNED**

How was this report received?	<b>P</b>	Radio / Telephone / Teleprinter* at ARO / AFIS / TWR / APP / ACC / FIC*
Details of ATS action: clearance, incident observed on Radar, warning giving result of local inquiry, etc.	<b>Q</b>	
Printed Name of ATS Officer..... Signature.....		Date/time UTC.....

\* Delete or ~~Line Out~~ items that are not applicable.