

## LASER INCIDENT REPORT

Date		Time (GMT)		Light	DAWN DUSK	DAYLIGHT NIGHT
Operating company		Flight number		Aircraft type		
Are you reporting a laser sighting as a first instance?	YES/NO	Are you corroborating a report by another aircraft crew?	YES/NO			
		If so, who made the first sighting report?				

### YOUR AIRCRAFT TRACK DETAILS

Altitude		Heading		Position			
Speed		Aircraft attitude	LEVEL	TURNING	CLIMBING	DESCENDING	
Inbound to		STAR		IAP via		Following a radar vector?	YES/NO
Outbound from		SID		NEXT WAYPOINT		Distance to run	
En route	Airway		Next waypoint		Distance to run		

**PTO**

**LASER DETAILS**

Colour		Point of origin	AIRCRAFT	O'CLOCK	Estimated distance from aircraft	
Was laser directed towards your aircraft?		YES/NO	Was laser directed towards your cockpit?		YES/NO	
Did laser track your aircraft?	YES/NO	If yes, for how long?		Was the track steady?	YES/NO	
Was there more than one occurrence?	YES/NO	If so how many?		Over what time period?		

**REPORTING INFORMATION**

Did you report this to an ATC controller?	YES/NO	If so, which controller?	
Was the report made at the time of the incident?	YES/NO	If not, when was the report made?	

**ADDITIONAL INFORMATION**

Please provide any information you feel is relevant. Where you able to distinguish any geographical features at the lasers' point of origin?

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