

Air Traffic Mandatory Occurrence Report

ZAB-M-2021/02/01-0002

1. Reporting FAC ID			2. Date UTC (dd/mm/yyyy)							3. Time UTC				4. Significant Occurrence?	
Z	A	B	0	1	0	2	2	0	2	1	1	7	5	7	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. MOR reported by (select one): <input type="radio"/> Controller providing services <input type="radio"/> FLM <input type="radio"/> Internal Facility Review <input type="radio"/> CIC <input type="radio"/> Aircraft Owner/Operator <input type="radio"/> Electronically Detected <input type="radio"/> External Facility Referral <input type="radio"/> Hotline (Describe in summary) <input type="radio"/> Other (Describe in summary)															6. Did equipment outage potentially contribute to this event? <input type="radio"/> Unknown <input type="radio"/> Yes <input checked="" type="radio"/> No
Training in progress? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown Nearest Airport: <u>PHX</u> Possible NMAC? <input type="radio"/> Yes <input checked="" type="radio"/> No Alert #: _____															
Airspace/Altitude/Route/Speed MORs															
E1. Aircraft information:															
Aircraft ID		Aircraft Type/Suffix		IFR/VFR		Facility communicating with A/C		Position communicating with A/C				Frequency			
(b) (3) (10 USC § 130e)				<input checked="" type="radio"/> IFR <input type="radio"/> VFR		ZAB		R42							
Violated Facility: ZAB				Position: R42								Frequency:			
Heading		Altitude		Phase of Flight				Traffic Pattern Location				Evasive Action			
E2. MOR type (only complete one sub-section as applicable):															
E2a. Aircraft entered airspace other than expected/intended and alternate actions were taken by ATC or the flight crew:															
Airspace entered:						Foreign facility deviation:				Action taken by:					
Facility		Position		Frequency		<input type="radio"/> Yes <input checked="" type="radio"/> No				<input checked="" type="checkbox"/> ATC <input type="checkbox"/> Flight crew					
Unexpected/unintended: <input type="checkbox"/> Altitude Assigned: _____ Observed: _____ <input type="checkbox"/> Speed Assigned: _____ Observed: _____ <input type="checkbox"/> Route										TCAS RA: <input type="radio"/> Yes <input checked="" type="radio"/> No		Spillout: <input type="radio"/> Yes <input checked="" type="radio"/> No SUA Name:			
METAR Observation															
KPHX 011751Z 06012KT 10SM FEW120 BKN170 OVC200 19/M03 A3010 RMK AO2 SLP185 VIRGA T01941028 10194 20122 50004															

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Pilot Deviation Information			
Brasher Warning Given? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reason for Brasher Statement not being given:			
ZAB did not work these aircraft. Called LUF supervisor to advise.			
Pilot Information Available? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reason for no pilot information being given:			
See above.			
Pilot Deviation			
Was this a possible pilot deviation?			
<input checked="" type="radio"/> Yes <input type="radio"/> No		Preliminary Number: _____	Phase of Flight: _____
Airspace Class: _____	Aircraft #: _____	ORG Choices: _____	Office Number: _____
Type of Deviation: _____		Control Surface: _____	
Was possible pilot deviation validated? <input type="radio"/> Yes <input checked="" type="radio"/> No		Military Pilot Deviation? <input type="radio"/> Yes <input checked="" type="radio"/> No	
NMAC			
Was this a verified NMAC?			
<input type="radio"/> Yes <input checked="" type="radio"/> No		NMAC Number: _____	
Apt/NAVAID: _____	Direction: _____		Distance: _____
Pilot of (b) (3) (10) USC			
Pilot Name: _____		Phone Number: _____	Certificate Number: _____
Address: _____			
Pilot of _____			
Pilot Name: _____		Phone Number: _____	Certificate Number: _____
Address: _____			

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Summary

J1. Summary - provide a brief summary for all MORs in this section that will provide enough information for QA to understand what occurred. Include information about items that require additional information in the specific MOR you are reporting.

(b) (5)

QA Summary

(b) (5)

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