

# Air Traffic Mandatory Occurrence Report

**ZAB-M-2021/02/04-0008**

<b>1. Reporting FAC ID</b>			<b>2. Date UTC (dd/mm/yyyy)</b>							<b>3. Time UTC</b>				<b>4. Significant Occurrence?</b>	
Z	A	B	0	5	0	2	2	0	2	1	0	3	5	1	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>5. MOR reported by (select one):</b> <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)															<b>6. Did equipment outage potentially contribute to this event?</b> <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 #: _____															
<b>Airspace/Altitude/Route/Speed MORs</b>															
<b>E1. Aircraft information:</b>															
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		R91							
Violated Facility: <b>ZAB</b>			Position:										Frequency:		
Heading		Altitude		Phase of Flight				Traffic Pattern Location				Evasive Action			
<b>E2. MOR type (only complete one sub-section as applicable):</b>															
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 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 type="radio"/> No		Spillout: <input type="radio"/> Yes <input checked="" type="radio"/> No SUA Name:			
<b>METAR Observation</b>															
KPHX 050351Z 25006KT 10SM CLR 16/M05 A2998 RMK AO2 SLP144 T01611050															

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Pilot Deviation Information			
Brasher Warning Given? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Brasher given by:  ZAB	Position:  R91	Frequency:	
Pilot Information Available? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reason for no pilot information being given:  <div style="background-color: black; color: orange; text-align: center; padding: 20px; font-size: 2em;">(b) (5), (b) (6)</div>			
Pilot Deviation			
Was this a possible pilot deviation?			
<input checked="" type="radio"/> Yes <input type="radio"/> No	Preliminary Number:  P-SW-C-ZAB-21-005	Phase of Flight:  Level Flight or Cruise	
Airspace Class:	Aircraft #: (b) (3) (10 USC § 130e)	ORG Choices:  WP	Office Number:  07
Type of Deviation: Airborne: Airspace		Control Surface: Other	
Was possible pilot deviation validated? <input checked="" type="radio"/> Yes <input type="radio"/> No		Military Pilot Deviation? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Pilot Deviation Summary			
Pilot Summary:  <div style="background-color: black; color: orange; text-align: center; padding: 20px; font-size: 2em;">(b) (6), (b) (3) (10 USC § 130e)</div>			
FSDO			
Close Pilot Deviation in CEDAR <input checked="" type="radio"/> Investigation Complete <input type="radio"/> Reclass (provide justification below)		ATQA Report Number  P-SW-C-ZAB-21-005	

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NMAC			
Was this a verified NMAC?			
<input type="radio"/> Yes <input checked="" type="radio"/> No		NMAC Number: _____	
Apt/NAVAID: _____		Direction: _____	Distance: _____
Pilot of <span style="background-color: black; color: red;">(b) (3) (10 USC § 1306)</span>			
Pilot Name: _____		Phone Number: _____	Certificate Number: _____
Address: _____			
Pilot of _____			
Pilot Name: _____		Phone Number: _____	Certificate Number: _____
Address: _____			
NMAC Description: _____			
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)			