

ZAB-M-2022/10/07-0003

1. Reporting FAC ID			2. Date UTC (dd/mm/yyyy)								3. Time UTC					4. Significant Occurrence?	
Z	A	B	0	7	1	0	2	0	2	2	1	6	3	5	<input type="radio"/> Yes <input checked="" type="radio"/> No		
5. MOR reported by (select one):													6. Did equipment outage potentially contribute to this event?				
<input type="radio"/> Controller providing services <input type="radio"/> FLM <input type="radio"/> Internal Facility Review													<input type="radio"/> Unknown				
<input type="radio"/> CIC <input type="radio"/> Aircraft Owner/Operator <input type="radio"/> Electronically Detected													<input type="radio"/> Yes <input checked="" type="radio"/> No				
<input type="radio"/> External Facility Referral <input type="radio"/> Hotline (Describe in summary) <input type="radio"/> Other (Describe in summary)																	
Training in progress? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown Nearest Airport: <u>TUS</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		R46			269.3						
Violated Facility: ZAB			Position:									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: _____						TCAS RA:			Spillout: <input type="radio"/> Yes <input checked="" type="radio"/> No								
<input type="checkbox"/> Speed Assigned: _____ Observed: _____						<input type="radio"/> Yes <input checked="" type="radio"/> No			SUA Name:								
<input type="checkbox"/> Route																	
METAR Observation																	
KTUS 071553Z 13016KT 10SM CLR 24/12 A3017 RMK AO2 SLP177 T02390117																	
Pilot Deviation Information																	
Brasher Warning Given? <input checked="" type="radio"/> Yes <input type="radio"/> No																	
Brasher given by:			Position:						Frequency:								
ZAB			R46						269.3								
Pilot Information Available? <input checked="" type="radio"/> Yes <input type="radio"/> No																	
(b) (3) (10 USC § 130e)								Phone Number:		Certificate Number:							
								(b) (6)		On File at 162nd FW							
Address: On File at 162nd FW, TUS AZ																	

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Pilot Deviation			
Was this a possible pilot deviation?			
<input checked="" type="radio"/> Yes <input type="radio"/> No		Preliminary Number: WP07202304220	Phase of Flight: Turning or Maneuvering
Airspace Class: A	Aircraft (b) (3) (10 USC § 130e)	ORG Choices: WP	Office Number: 07
Type of Deviation: O		Control Surface: Other	
Was possible pilot deviation validated? <input checked="" type="radio"/> Yes <input type="radio"/> No		Military Pilot Deviation? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Pilot Deviation Summary			
(b) (3) (10 USC § 130e), (b) (5)			
FSDO			
Close Pilot Deviation in CEDAR <input checked="" type="radio"/> Investigation Complete <input type="radio"/> Reclass (provide justification below)		ATQA Report Number WP07202304220	
Military Access			
Close Pilot Deviation in CEDAR Investigation Complete: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Military Investigation Notes			
<p>Investigation Notes: FROM: AIR FORCE REPRESENTATIVE TO THE FAA (AFREP), CENTRAL SERVICE AREA</p> <p>1. The applicable unit of the United States Air Force and its Major Command were notified of the allegations and provided the attached response.</p> <p>2. We do not contemplate further actions and consider this case closed. If you should have any further questions, please contact the Air Force Representative office at 9-CSA-AFREP@faa.gov or (817) 222-5911.</p> <p>WES SKENFIELD, Lt Col, USAF CSA AFREP, AF/A3OJ</p>			

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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 (b) (3) (10 USC § 130e)			
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), (b) (3) (10 USC § 130e)			