

# Air Traffic Mandatory Occurrence Report

ZAB-M-2023/08/10-0007

1. Reporting FAC ID			2. Date UTC (dd/mm/yyyy)							3. Time UTC				4. Significant Occurrence?				
Z	A	B	1	0	0	8	2	0	2	3	1	8	1	0	<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"/> CIC <input type="radio"/> External Facility Referral													<input type="radio"/> FLM <input type="radio"/> Aircraft Owner/Operator <input type="radio"/> Hotline (Describe in summary)		<input type="radio"/> Internal Facility Review <input type="radio"/> Electronically Detected <input type="radio"/> Other (Describe in summary)		<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>TUS</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		R90			133.0							
Violated Facility: <b>ZAB</b>				Position:								Frequency: <b>133.0</b>						
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:						TCAS RA:				Spillout: <input type="radio"/> Yes <input checked="" type="radio"/> No								
<input type="checkbox"/> Altitude		Assigned: _____		Observed: _____		<input type="radio"/> Yes <input checked="" type="radio"/> No				SUA Name:								
<input type="checkbox"/> Speed		Assigned: _____		Observed: _____														
<input type="checkbox"/> Route																		
<b>METAR Observation</b>																		
KTUS 101753Z 23008KT 10SM CLR 33/14 A3004 RMK AO2 SLP116 T03330144 10333 20272 56005																		

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Pilot Deviation Information			
Brasher Warning Given? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Brasher given by:  ZAB	Position:  R90	Frequency:  133.0	
Pilot Information Available? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reason for no pilot information being given:  No call received			
Pilot Deviation			
Was this a possible pilot deviation?			
<input checked="" type="radio"/> Yes <input type="radio"/> No	Preliminary Number: _____		Phase of Flight: _____
Airspace Class: A	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 <span style="background-color: black; color: red;">(b) (3) / (b) USC § 1351</span>			
Pilot Name:		Phone Number:	Certificate Number:
Address:			
Pilot of			
Pilot Name:		Phone Number:	Certificate Number:
Address:			
NMAC Description:			

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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)