

Air Traffic Mandatory Occurrence Report

ZAB-M-2024/06/26-0005

1. Reporting FAC ID			2. Date UTC (dd/mm/yyyy)							3. Time UTC				4. Significant Occurrence?	
Z	A	B	2	6	0	6	2	0	2	4	1	6	5	0	<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"/> CIC <input type="radio"/> Aircraft Owner/Operator <input type="radio"/> Internal Facility Review <input type="radio"/> External Facility Referral <input type="radio"/> Hotline (Describe in summary) <input type="radio"/> Electronically Detected <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 type="radio"/> No <input checked="" 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		R90			133.0				
Violated Facility: ZAB				Position:						Frequency: 133.0					
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 type="checkbox"/> ATC <input checked="" 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															
METAR Observation															
KTUS 261553Z 00000KT 10SM CLR 34/18 A3001 RMK AO2 SLP105 T03390178															
Pilot Deviation Information															
Brasher Warning Given? <input checked="" type="radio"/> Yes <input type="radio"/> No															
Brasher given by:				Position:				Frequency:							
ZAB				OS											
Pilot Information Available? <input checked="" type="radio"/> Yes <input type="radio"/> No															
Pilot Name:								Phone Number:			Certificate Number:				
(b) (6)								(b) (6)			On file with 62nd FW				
Address: 162nd Fighter Wing (162nd WG).															

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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 (b) (5) (10) (11)			
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)			