

Air Traffic Mandatory Occurrence Report

ZAB-M-2024/06/28-0008

1. Reporting FAC ID			2. Date UTC (dd/mm/yyyy)							3. Time UTC				4. Significant Occurrence?	
Z	A	B	2	8	0	6	2	0	2	4	1	6	2	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"/> 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)														<input type="radio"/> Yes <input checked="" type="radio"/> Unknown <input 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		R91				135.15			
Violated Facility: ZAB				Position:								Frequency: 135.15			
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 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 281553Z 19008KT 10SM CLR 33/17 A2992 RMK AO2 SLP071 T03330167															

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Pilot Deviation Information			
Brasher Warning Given? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Brasher given by: ZAB	Position: OM	Frequency: 135.15	
Pilot Information Available? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reason for no pilot information being given: ON FILE WITH THE 162nd FW.			
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) (3) / (b) (6) USC, §			
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.

Crossed the established ALTRV early at 1625Z, when the LFE War Day Bridge was not scheduled activated until 1630Z.

QA Summary

(b) (5)