

Air Traffic Mandatory Occurrence Report

ZAB-M-2024/01/31-0003

1. Reporting FAC ID			2. Date UTC (dd/mm/yyyy)								3. Time UTC				4. Significant Occurrence?	
Z	A	B	3	1	0	1	2	0	2	4	1	5	4	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"/> 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)														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 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 #: _____																
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		LUF										
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:						TCAS RA:				Spillout: <input type="radio"/> Yes <input checked="" type="radio"/> No						
<input type="checkbox"/> Altitude		Assigned: _____		Observed: _____		<input type="radio"/> Yes				SUA Name:						
<input type="checkbox"/> Speed		Assigned: _____		Observed: _____		<input type="radio"/> No										
<input type="checkbox"/> Route																
METAR Observation																
KPHX 311451Z 12005KT 10SM FEW120 14/04 A3006 RMK AO2 SLP170 T01440039 53008																

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Pilot Deviation			
Was this a possible pilot deviation?			
<input type="radio"/> Yes <input checked="" 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) (DUS)			
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.			
<div style="background-color: black; color: orange; text-align: center; padding: 20px; font-size: 2em;">(b) (5)</div>			

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QA Summary

(b) (5)