

Instructions on the Completing of the Runway Incursion Reporting (Initial Report)

Item

- A Indicate the date/time (in UTC) and conditions (day or night) of the runway incursion.
- B Provide details about the person submitting the report.
- C Provide the aerodrome designator as indicated in Location Indicators (Doc 7910).
- D Supply information regarding the runway condition at the time of the runway incursion, which affected the braking action of the aircraft.
- E Identify the aircraft, vehicles or persons involved in the runway incursion. More details should be provided in L.
- F Provide information on weather conditions such as wind, visibility, RVR, temperature, ceiling, cloud and additional information as required.
- G Provide information regarding evasive action taken by the aircraft, vehicles and/or person.
- H Provide information regarding the closest proximity or distance, horizontally and/or vertically, between both parties during the runway incursion or at the point at which both parties were aware of the situation and the aircraft was under control at taxi speed or less.
- I, J Provide information regarding communication difficulties and ATC memory lapses.
- K Describe the runway incursion, by providing the information requested. Attach additional pages as required.
- L Supply detailed information regarding the aircraft, vehicles and person involved in the runway incursion.
- M Indicate the date when the detailed investigation of the runway incursion will commence.

Date received
Occurrence No.

Runway Incursion Reporting (Initial Report)

A	Date/time of runway incursion (UTC) _____ Day <input type="checkbox"/> Night <input type="checkbox"/>		
B	Person submitting the report Name: _____ Job title: _____ Phone no.: _____ Fax no.: _____ Organization: _____ Date/time/place of completion of form: Date _____ Time _____ Place _____		
C	ICAO aerodrome designator VMMC		
D	Runway surface condition (breaking action) Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> _____		
E	Aircraft, vehicle or person involved in the runway incursion (indicate all those involved in the occurrence) Aircraft 1: _____ Aircraft 2: _____ Aircraft 3: _____ Vehicle: _____ Person: _____		
F	Weather conditions Wind: _____ Visibility/RVR: _____ Temperature (° Celsius): _____ Ceiling/cloud: _____ Additional information: _____		
G	Evasive action taken?		
		Aircraft 1	Aircraft 2
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If Yes</i>	<i>If Yes</i>
	Cancelled take-off clearance	<input type="checkbox"/>	<input type="checkbox"/>
Rejected take-off	<input type="checkbox"/> distance rolled: _____	<input type="checkbox"/> distance rolled: _____	
Rotated early	<input type="checkbox"/>	<input type="checkbox"/>	
Delayed rotation	<input type="checkbox"/>	<input type="checkbox"/>	
Abrupt stop	<input type="checkbox"/>	<input type="checkbox"/>	
Swerved	<input type="checkbox"/>	<input type="checkbox"/>	
Missed approach	<input type="checkbox"/> distance to runway threshold: _____	<input type="checkbox"/> distance to runway threshold: _____	
Others	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
	Vehicle	Person	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<i>If Yes</i>	<i>If Yes</i>	
Abrupt stop	<input type="checkbox"/>	Run away <input type="checkbox"/>	
Swerved	<input type="checkbox"/>	Escorted off <input type="checkbox"/>	
Other	<input type="checkbox"/>	Other <input type="checkbox"/>	
H	Closest proximity Vertical (ft): _____ Horizontal (m): _____		

I	<p>Communication difficulties</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes</i></p> <p>Readback / hearback <input type="checkbox"/></p> <p>Blocked communication <input type="checkbox"/></p> <p>Call sign confusion <input type="checkbox"/></p> <p>Aircraft on wrong frequency / no radio <input type="checkbox"/></p> <p>Non-standard phraseology <input type="checkbox"/></p>
J	<p>Any ATC memory lapse</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes</i></p> <p>About an aircraft/vehicle/person cleared onto or to cross a runway <input type="checkbox"/></p> <p>About an aircraft on approach to land <input type="checkbox"/></p> <p>About a runway closure <input type="checkbox"/></p>
K	<p>Description of the incident and relevant circumstances</p> <p>1 A description or diagram of the geometry of the incident scenario:</p> <p>Description:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Diagram:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2 A description of any evasive or corrective action taken to avoid a collision:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3 An assessment of the available reaction time and the effectiveness of the evasive or corrective action:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4 An indication of whether a review of voice communication has been completed and the results of that review:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5 Initial assessment of severity: Dangerous <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>

L	Parties involved			
	Aircraft			
		Aircraft 1	Aircraft 2	Aircraft 3
	Registration no:	_____	_____	_____
	Call sign:	_____	_____	_____
SSR code (if applicable):	_____	_____	_____	
Owner/operator:	_____	_____	_____	
Aircraft type:	_____	_____	_____	
Flight Details: (select as appropriate)	GA <input type="checkbox"/> IFR <input type="checkbox"/> Non-schedule <input type="checkbox"/> VFR <input type="checkbox"/> Schedule <input type="checkbox"/> Other <input type="checkbox"/>	GA <input type="checkbox"/> IFR <input type="checkbox"/> Non-schedule <input type="checkbox"/> VFR <input type="checkbox"/> Schedule <input type="checkbox"/> Other <input type="checkbox"/>	GA <input type="checkbox"/> IFR <input type="checkbox"/> Non-schedule <input type="checkbox"/> VFR <input type="checkbox"/> Schedule <input type="checkbox"/> Other <input type="checkbox"/>	GA <input type="checkbox"/> IFR <input type="checkbox"/> Non-schedule <input type="checkbox"/> VFR <input type="checkbox"/> Schedule <input type="checkbox"/> Other <input type="checkbox"/>
	Vehicle		Person	
Registration no:	_____		Organization: _____	
Call sign:	_____		Without communication equipment <input type="checkbox"/>	
Mobile no:	_____		With communication equipment <input type="checkbox"/>	
Owner/operator:	_____			
Vehicle type:	_____			
Other details: (select as appropriate)	Runway inspection <input type="checkbox"/>			
	Bird control <input type="checkbox"/>			
	Tugging/towing <input type="checkbox"/>			
	Fire vehicle <input type="checkbox"/>			
	Maintenance <input type="checkbox"/>			
	Others <input type="checkbox"/>			

M	Date when detailed investigation will commence _____			