



Radar – Air Traffic Control Contact Report Form

IDENTIFICATION STRIP: YOUR IDENTITY WILL BE SAFEGUARDED THROUGH ASSIGNMENT OF A UNIQUE CODE NUMBER BY A NARCAP DATA ANALYST. YOU WILL NOT BE IDENTIFIED PUBLICALLY WITH THE INFORMATION YOU PROVIDE. ALL U.S. FEDERAL LAWS RELATED TO RIGHTS OF PRIVACY WILL BE MAINTAINED. THIS IDENTIFICATION STRIP WILL BE REMOVED AFTER NARCAP HAS DETERMINED IF IT IS NECESSARY TO CONTACT YOU FOR FURTHER INFORMATION.

Print your name: _____

Mailing Address: _____

City _____ State _____ zip _____

Telephone: (home) () _____ - _____ Hours: _____

Alternate phone: () _____ - _____ Hours: _____

Your current job title: _____

Were you the () primary witness () second witness () third, fourth, witness?

Leave space below blank

----- CUT HERE ----- CUT HERE -----

Radar-Air Traffic Control Contact Report: All names and personal information you provide will be kept confidential unless you give specific written permission to disclose it. This information is for research purposes only.

When completed please return this form to:

NARCAP

P. O. Box 1241

Captain Cook, HI, 96704

NARCAP Date – Time Stamp

Leave Blank for Analyst Use

Event Date: m _____ d _____ y _____

Event Local Time (24 hr. clock): _____

Analyst's initials: _____

Date Rec'd. _____

Set type: _____ Site: _____

De-identified by: _____

Date: _____



1.0 DETAILS OF ANOMALOUS PHENOMENON CONTACT - FULL NARRATIVE

Please tell what happened in as much detail as is possible. Include only operator initials if needed.

_____ (continue on separate sheet if necessary)

2.0 DETAILS OF YOUR LOCATION:

2.1 AIRPORT: _____ 2.2 Facility ID: _____ 2.3 TRACON: _____

2.5 Lat. ____ ° ____ ' ____ " 2.6 Long. ____ ° ____ ' ____ " 2.7 Altitude MSL: _____ ft.

(optional - airport only)

2.8 Local time of radar contact: (24 hr. clock) Start: _____

2.9 End: _____

2.91 Total duration of radar contact: _____ (minutes) _____ (seconds)

2.92 Date of Occurrence: Month _____ Day _____ Year _____ () exact () +/- 2 days () est. only
Rept. No. _____ - _____

3.0 RADAR EQUIPMENT DETAILS:

3.1 Manufacturer: (if known): _____ 3.2 Model: _____ 3.3 Yr. Installed: _____

3.4 Revolution rate: _____ rpm 3.5 Primary Frequency: _____ MHz.

3.6 Microwave band: _____ 3.7 Antenna Location: _____

3.4 MTI was: () off () on () unknown

4.0 REPORTER DETAILS: Check all that apply

4.1 In what type of facility do you work? () Tower () Approach () Center () FSS Other: _____

4.2 Describe your ATC qualifications: () FPL () Developmental () Other: _____



4.3 Time certified on position/sector: _____ yrs/mo.

4.4 What is your ATC experience in years? _____ radar _____ limited radar _____ non-radar _____ military _____ supervisor

4.5 What was your control position/activity () radar () local () arrival () clnc. delivery () pre-flt. () supervisor

4.6 During the occurrence? (check all that apply for combined position)

() hand-off () ground () departure () coordinator () in-flight () monitor

() radar assoc. () data () assistant () manual () flt. watch

4.7 At time of occurrence: I was () instructing () receiving training () performing normal duties

4.8 Do you have pilot experience? () no () yes, _____ hours () instrument rated

5.0 AIRSPACE IN WHICH OCCURRENCE TOOK PLACE:

5.1 () Class A (PCA) () Class B (TCA) () Class C (ARSA) () Class D (Control Zone/ATA)

() Class E (General Controlled) () Class G (Uncontrolled) () Special Use Airspace

() Airway/route: _____ () not known/other: _____

5.2 Was an aircraft involved in this radar contact? () yes () no If "no" go directly to paragraph 9.0

6.0 WEATHER/VISIBILITY/LIGHT DETAILS: in general vicinity of radar return

6.1 () VMC () IMC () mixed () marginal () rain () fog () ice

() snow () turbulence () thunderstorm () windshear

6.2 Barometer was: () steady () rising () dropping () unknown

6.3 Ceiling (if known): _____ feet

6.4 Visibility (if known): _____ feet

6.5 Light conditions: () Dawn () Full Daylight () Dusk () Moonlit Night () No Moon Night

6.6 Was weather conducive to 'ducting' or other anomalous radar propagation? () yes () no () unknown

(Please provide as many supporting details as possible)



7.0 RADIO COMMUNICATIONS DETAILS:

7.1 Who made the first radio contact? () Capt. () F/O () You () Other: (specify) _____

7.2 What did this person(s) say?

7.3 As far as you know was the source of the radar return also visible from cockpit? () yes () no () unknown

7.31 If "yes" to whom was the source visible? () Capt. () F/O () both () Others: _____

7.4 What advisory or other information did you provide to the pilot(s)?

7.5 What did the pilot say he/she saw from cockpit in same direction and range as radar return?

7.6 Did the flight crew identify themselves to you by flt. number, airline, etc.? () yes () no

7.7 Did the flight crew want to report a "UFO?" () no () yes () unknown

7.71 If "yes" who received their report?

8.0 AIRCRAFT DETAILS AT TIME OF OCCURRENCE: (If more than one use separate sheets)

8.1 Type of Aircraft: (Make/Model) _____

8.2 Operator: () air carrier () private () commuter () military () corporate () other

8.3 Flight Type: () passenger () pleasure () business () cargo () military () junk./other

8.4 Aircraft was flying on: () VFR () IFR () SVFR () DVFR () none () unknown

8.5 Aircraft phase of flight: () takeoff () climb () cruise () descent () approach () not applic.

8.6 Control status of aircraft: () controlled () no radio () on vector () radar advisories

() none () on SID () on STAR () unknown

8.7 Altitude: _____ feet () MSL () AGL



8.8 Distance and radial from airport/NAVAID, or other fix:

8.81 Radar return nearest to what city/state:

8.9 Minimum separation distance between aircraft and return (use any appropriate units):

8.91 Was evasive action taken by pilot(s)? () no () yes () unknown

8.92 If "yes" what did pilot(s) do?

8.93 Was TCAS involved in any way prior to your radar contact? () no () yes () unknown

8.94 Did Conflict Alert Activate? () no () yes () unknown

9.0 RADAR SCREEN IMAGES/OTHER DETAILS:

9.1 Range was set to: _____ miles.

9.2 If range was changed during occurrence how: _____

9.3 What was maximum velocity of anomalous radar return? _____ (mph) (knots) (circle)

9.4 Did radar return ever come to full stop (zero velocity)? () yes () no () unknown

9.5 If "yes" for how long did return remain stationary? _____ (min.) _____ (sec.)

9.6 Was radar and/or voice tape saved from this occurrence? () yes () no () unknown

9.7 If "yes" are you willing to assist NARCAP in obtaining a copy? () yes () no

Please provide any special phone numbers or contact information here for this purpose:



Relative Motion Tracks

Use circle at right.

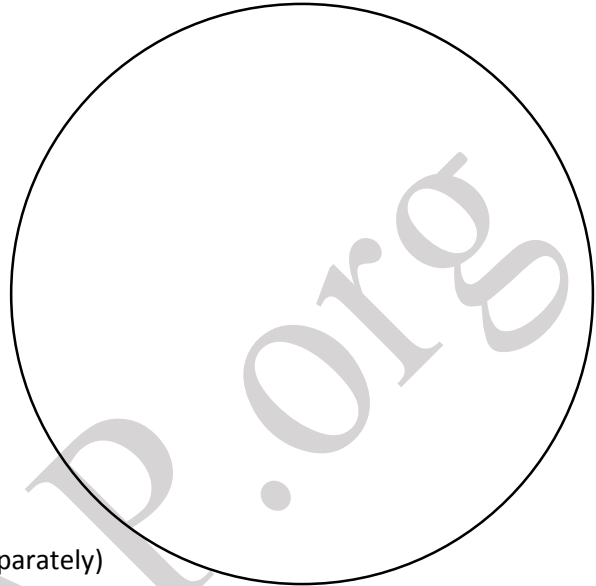
Draw the aircraft (labelled "A")
and its flight track and also the
radar return (labelled "R") and its
track during the radar contact.

(North facing "UP")

(Insert as many labels and notations as desired)

(Indicate airport location if possible)

(If more than one "unknown return" label each one separately)

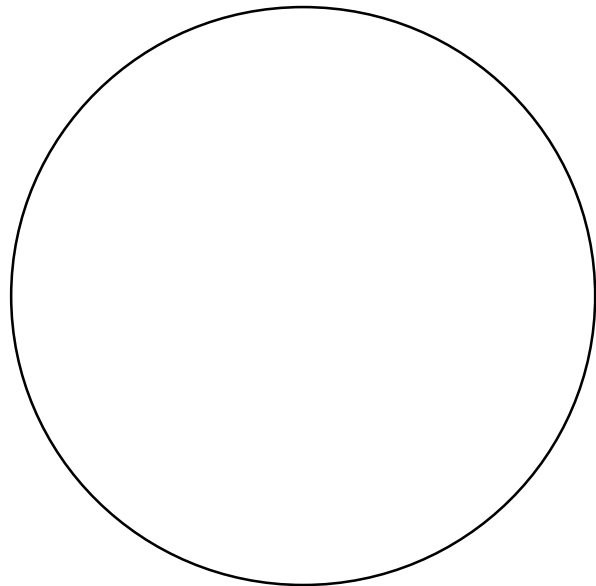


Relative Target Sizes

Use circle at right.

Draw the angular size of aircraft return (labelled "A")
and the angular size of the other
phenomenon/object(s) (labelled "R-1" "R-2", etc.) .

(Use circle to represent size of your radar screen)



The range (miles) representing this Radar Face = _____



10.0 ADDITIONAL DETAILS AND OPINIONS: Please help us in our pursuit of scientific data by providing any other comments opinions concerning this occurrence. For example, consider the chain of preceding events: how was the anomalous contact first noticed and by whom? What corrective actions were taken and when? Was safety of the aircraft at issue at any time?

Important: Privacy Statement

PLEASE READ CAREFULLY (Sign one of the two statements that expresses your wishes.)

"I hereby permit my name to be publicly associated with the information I have free given on this form."

"I do not permit my name to be publicly associated with the information I have freely given on this form."

Notice: If you would like to receive a free copy of the completed technical report on this event please check here and sign below to indicate that you give NARCAP permission to contact you by mail..

Your signature

Date

Date mailed: _____

By: _____