

PILOT'S REPORT (AE Reg 95-40)				1. Date (YYYYMMDD)	
2. Pilot's report on <input type="checkbox"/> a. A near miss <input type="checkbox"/> b. A sighting of another aircraft		3. Reporting unit		4. Pilot's name, grade, and address	
Part I — Details Concerning The Reporting Aircraft					
5. Radio call sign		6. Type of aircraft		7. Flight rules <input type="checkbox"/> IFR <input type="checkbox"/> VFR	
8. Aerodrome of departure		9. Designation		10. Position at time of incident	
11. Heading	12. Level <input type="checkbox"/> Climbing <input type="checkbox"/> Descending <input type="checkbox"/> Level flight			13. Altimeter setting <input type="checkbox"/> QFE <input type="checkbox"/> QNH mb	
Part II — Details Concerning The Other Aircraft					
14. Radio call sign		15. Type of aircraft and markings			
16a. Color and/or lights		16b. Camouflage <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Shape of aircraft	
18. Wings <input type="checkbox"/> Low <input type="checkbox"/> High		19. Number and positions of engine			20. Estimated heading
21. Level <input type="checkbox"/> Climbing <input type="checkbox"/> Descending <input type="checkbox"/> Level flight				22. Turning <input type="checkbox"/> Right <input type="checkbox"/> Left	
23. Other available information					
Part III — Details Concerning The Incident					
24. Time (GMT) of incident (at closest proximity)			25. Time elapsed between first sighting and closes proximity		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 26. Proximity to the other aircraft a. At first sighting Horizontal _____ <input type="checkbox"/> Left <input type="checkbox"/> Crossing Vertical _____ <input type="checkbox"/> Right <input type="checkbox"/> Converging <input type="checkbox"/> Above <input type="checkbox"/> Below <input type="checkbox"/> Ahead <input type="checkbox"/> Overtaking <input type="checkbox"/> Behind </div> <div style="width: 48%;"> b. At time of incident Horizontal _____ <input type="checkbox"/> Left <input type="checkbox"/> Crossing Vertical _____ <input type="checkbox"/> Right <input type="checkbox"/> Converging <input type="checkbox"/> Above <input type="checkbox"/> Below <input type="checkbox"/> Ahead <input type="checkbox"/> Overtaking <input type="checkbox"/> Behind </div> </div>					
27. Evasive action by reporting aircraft? How (if any):			28. Evasive action by other aircraft? How (if any):		
State reason, if none executed			State reason, if none executed		
Part IV — Meteorological Conditions At Time Of Incident					
29. Flight conditions in general <input type="checkbox"/> VMC <input type="checkbox"/> IMC		30. Flight conditions in particular			31. Flight visibility
32. Distance from clouds Horizontal _____ <input type="checkbox"/> On top of clouds <input type="checkbox"/> Between layers Vertical _____ <input type="checkbox"/> In and out of clouds <input type="checkbox"/> In clouds <input type="checkbox"/> Below clouds <input type="checkbox"/> Sky clear				33. Sky coverage	
For further information, use the Remarks block on page 2.					

Part V — Processing Information

34. Date and time received from pilot

35. Station/position

36. Initials of recorder

37. Date and time report processed

38. Date and time forwarded to the USAREUR G3

Remarks

39. Further information/remarks

40. Date

41. Signature