LASER BEAM EXPOSURE QUESTIONNAIRE

FAX TO WASHINGTON OPERATIONS CONTROL CENTER(WOCC) at (202) 267-5289 ATTN: DEN

PILOT NAME_____ **PHONE NUMBER**_____
COMPANY _____ **FLIGHT NUMBER**_____

1. Date and time (UTC) ?_____
2. Position of event (lat/long and/or FRD)? _____
3. Altitude? _____
4. What was the visibility? _____
5. What were the atmospheric conditions? (Circle those which apply) – Clear, overcast, rainy, foggy, hazy, sunny.
6. What was the color(s) of the light? _____
7. Did the color(s) change during the exposure? _____
8. Did you attempt an evasive maneuver? _____

   If so, did the beam follow you as you tried to move away?_____
9. Can you estimate how far away the light source was from your location? _____
10. What was the position of the light relative to the aircraft? _____
11. Was the source moving? _____
12. Was the light coming directly from its source or did it appear to be reflected off other surfaces?_____
13. Were there multiple sources of light? _____
14. How long was the exposure?_____
15. Did the light seem to track your path or was there incidental contact? _____
16. What tasks were you performing when the exposure occurred? _____

    Did the light prevent or hamper you from doing those tasks, or was the light more of an annoyance? _____
17. What were the visual effects you experienced (after-image, blind spot, flash-blindness, glare*)? _____
18. Did you report the incident by radio to ATC?_____

Any other pertinant information: _____

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This questionnaire may be filled out by the competent authority during interviews with aircrews exposed to unauthorized laser illumination. This information will be used to aid in subsequent investigation by ATC, law enforcement and other governmental agencies to safeguard the safety and efficiency of civil aviation operations in the NAS

*Examples of common visual effects:

After-image. An image that remains in the visual field after an exposure to a bright light.
Blind spot. A temporary or permanent loss of vision of part of the visual field.
Flash-blindness. The inability to see (either temporarily or permanently) caused by bright light entering the eye and persisting after the illumination has ceased.
Glare. *A* temporary disruption in vision caused by the presence of a bright light (such as an oncoming car's headlights) within an individual's field of vision. Glare lasts only as long as the bright light is actually present within the individual's field of vision.

Paperwork Reduction Act Statement: This form is being used to collect information regarding the unauthorized laser illumination of aircraft. We estimate that it will take 15 minutes to provide this information. The collection is voluntary. Note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with the collection is 2120-0698.