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OMB Control Number: 2120-0698 Expiration Date: 8/31/2018



## LASER BEAM EXPOSURE QUESTIONNAIRE

Complete questionnaire and e-mail to: laserreports@faa.gov
OR send via fax to FAA Washington Operations Center Complex (WOCC) - (202) 267-5289 ATTN: DEN

E-mail address and phone number (e.g., home, cell, work)  What seat in the cockpit were you occupying at the time of the laser beam exposure?  Left Right Jumpseat Flight Engineer Other/Not applicable  How many crewmembers on the flight had laser light shined directly in their eyes?  None (the laser light beam did not directly enter anyone's eyes)  One Two Three Four or more  Note: If any other crewmember had direct exposure to the laser light in their eyes, each person exposed should complete their own copy of this FAA Laser Beam Exposure Questionnaire  FLIGHT INFORMATION  Flight number, call sign and aircraft registration number (e.g., SWA572, Southwest, N287WN)  Aircraft Make and Model (e.g., Boeing 737, Cessna 172, Airbus A320, BAE Jetstream 32, Dornier 328)  Category of aircraft
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Category of aircraft
Category of aircraft
Airplane Rotorcraft Lighter than air Other (specify)
Type of operation
Commercial Aviation General Aviation Military Law Enforcement
Date of laser incident
Please enter date of laser incident in Month Day, Year format (e.g., July 27, 2012). OR mouse click in the data field to display a drop down arrow to view calendar and make your selection. The calendar selection is optimized for PC's and may not be available on a Mac.
Time of laser incident (enter Universal Time Coordinated (UTC/Zulu) format rounded to the nearest five minutes)  : UTC/Zulu

Time of day du	ring laser incident			
Location of aircraft during laser incident (Fixed Radial Distance (FRD) from navaid or airport, OR add lat/long coordinates)				
			aser source relative to KDFW approach end of runway 35L provide estimated lat/long coordinates)	
Approximate al	titude of the aircraft a	above ground level (AGL	-)	
Primary direction	on of flight at the time	e of the laser incident		
$\bigcirc$ N	ONW C	NE OE		
Os	○SW	SE OW	○ None/Hover	
What phase(s)	of flight were you in o	during the laser incident	? (check all that apply)	
Taxi	Takeoff	Climb to altitude	Cruise altitude	
Descent	Final approach	Landing	Low-altitude (<500 ft. AGL) level flight	
Hover	Other (specify)			
		EFFECT ON	FLIGHT	
Interference: D during the fligh		on incident interfere wit	th your performance of pilot or crewmember duties	
	No			
If you selected "	Yes" above, how did th	e laser illumination interfe	ere with your pilot or crewmember duties?	
Flight Path: Did	I the laser illumination	า cause the pilot/crew m	nember to change the aircraft flight path?	
○ No change in t	flight path	or or non-adverse change	Major or adverse change	
			conducting law enforcement, medical or military flight the laser illumination incident disrupt your mission?	
○ Yes ○	No			
If you selected "	Yes" above, how did th	e laser illumination interfe	ere with your mission?	

LASER INFORMATION				
Color of the laser light? (if multi-colored, check all that apply)				
Red Blue Green Yellow Orange White Purple				
Other (specify)				
Tracking: Did the laser beam appear to deliberately track the aircraft?				
○ Yes ○ No ○ Unsure/other (specify)				
Cockpit illumination: Did the laser beam enter through the windscreen and illuminate any part of the cockpit?				
Yes No Other (specify)				
C vas C vas (Gpass),				
Eye exposure: Did the the laser beam light shine directly into one or both of your eyes?				
Olid not shine directly in my eye(s) Shined a little in my eye(s) Shined brightly in my eye(s)				
EFFECT ON YOUR EYE(S): Answer questions below ONLY if the laser beam shined a little or brightly in your eye(s)				
Did you experience any adverse VISION EFFECTS* from the exposure? (check all that may apply)				
Did not experience adverse vision effects				
Glare (could not see past the light while it was in your eye(s))				
Temporary flash blindness and/or after images (similar to a camera flash)				
One or more blind spots (spots in visual field lasting longer than 5-10 minutes)				
Blurry vision				
Significant loss of night vision				
Other (specify)				
*Examples of common vision effects				
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 individuals field of vision. Flash blindness: A temporary visual interference effect that persists after the source of the illumination has ceased, similar to a bright camera flash.  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. Unlike an after image, a blind spot does not fade, or fades very slowly (taking many minutes, hours or days to fade out).				
Did you experience any adverse PHYSICAL EFFECTS from the exposure? (check all that may apply)				
Did not experience adverse physical effects				
— Watering eye(s)				
Eye(s) discomfort or pain				
Headache				
Feeling of shock				
Disorientation or dizziness				
Other (specify)				
Curor (specify)				
Did you rub your eye(s) after the exposure?				
No significant rubbing Rubbed them a little Rubbed them vigorously				

EYE EXAM RESULTS: Answer questions below ONLY if you had an eye exam after the laser incident				
Enter the medical facility name:				
What type of doctor did the primary or most comprehensive examination of your eye(s)?				
Retinal Specialist				
Ophthalmologist (medical doctor specializing in eye health)				
Optometrist (tests for visual acuity and eye diseases; prescribes and fits glasses/contacts)				
Optician (fits glasses/contacts)				
Emergency room doctor, nurse or technician				
Other (specify)				
Describe the results of the medical evaluation:				
Describe the results of the medical evaluation.				
LASER INCIDENT REPORTING				
District on any and the in a interest to Air Traffic Company (ATC)				
Did you report the incident to Air Traffic Control (ATC)?				
Obid not report to ATC				
Reported via aircraft radio communication				
Reported via phone call				
Reported via walk-in to FAA ATC facility				
Other (specify)				
Did you report the laser incident to an FAA Flight Standards (AFS) field office? (e.g., FSDO, CMO, CHDO)				
Olid not report to AFS				
Reported via aircraft radio communication				
Reported via phone call				
Reported via walk-in to FAA AFS field office				
Other (specify)				
If you reported to an FAA AFS field office, enter the name and office location				
year-aper-aper-aper-aper-aper-aper-aper-a				

## ADDITIONAL INFORMATION

Did you have any p	prior knowledge or training on the hazards and effects of lasers aimed at a pilot/crewmember?
None	
○ Basic information	about the hazards and effects of lasers
Oetailed, specific	information such as how to recognize and recover from laser illuminations
○ Simulator training	or similar exposure to laser-like illuminations in an aviation training environment
Other (specify)	
Please feel free to and/or subsequent	add any additional information or comments about your flight, the laser incident, reporting, toutcome:
	THE FOLLOWING SECTION IS FOR ATC FACILITIES USE ONLY
Did you report the	unauthorized laser illumination incident to the Domestic Incidents Network (DEN)?
○ No ○ Yes	
What local law enfo	orcement agency did you contact? (Include their phone number)
1	
Was an arrest mad	le?
○ No arrest, or arres	st unlikely
Maybe, still working	ng the case
○ Yes, arrest was m	nade
Arrest status is un	known
Other (specify)	

## SUBMIT COMPLETED FAA LASER BEAM EXPOSURE QUESTIONNAIRE

Thank you for taking time to complete this questionnaire. Please "save" the completed questionnaire and submit to the FAA using one of the two methods described below:

- 1. Attach the saved PDF to an e-mail and send to: laserreports@faa.gov
- 2. Send via fax to FAA Washington Operations Center Complex (WOCC) (202) 267-5289 ATTN: DEN