

**WAKE TURBULENCE REPORT FORM - PILOT (SRG 1423)**

Please complete the form online or in BLOCK CAPITALS using black or dark blue ink and submit as instructed.

**Generating aircraft report:** omit Sections 4, 5, 9 and 12.

For use by pilots involved in wake turbulence encounters in any phase of flight, including those hazardous cases that qualify as Reportable Occurrences under Article 142 of the Air Navigation Order and the EU Directive 2003/42. The report form may be used for all wake turbulence encounters or by aircraft generating wake turbulence.

**1. IS THIS INCIDENT REPORTABLE UNDER THE MOR SCHEME?**  
 Yes  No  If YES, this form should be sent to CAA Safety Data (Full address is given at the end of this form).

**2. WERE YOU ENCOUNTERING OR GENERATING THE WAKE TURBULENCE?**  
 Encountering  Generating

**3. AIRCRAFT FLIGHT DETAILS**  
 This information is requested in support of investigations into the phenomenon of Wake Vortices and to support flight safety.  
 Date of incident: ..... Time (UTC): ..... Operator: ..... Callsign: .....  
 Registration: ..... Type & series: ..... Departure airport: ..... Destination airport: .....  
 SSR code: ..... Flight phase: ..... Altitude or flight level: ..... Speed: .....  
 Weight: ..... Heading: ..... Rwy designation: ..... Rwy state: .....  
 Geographical position: .....

**4. WAKE TURBULENCE EFFECT ON AIRCRAFT**  
 Attitude change including rate of change: ..... Pitch (degrees): ..... Rate of change: .....  
 Roll (degrees): ..... Rate of change: ..... Yaw (degrees): ..... Rate of change: .....  
 Speed change (kt) ±: ..... Altitude change (ft) ±: ..... Heading change (degrees): .....  
 Was buffeting experienced? Yes  No  Was there stall warning? Yes  No   
 Details: .....  
 What recovery actions did you take (if any)? .....  
 What made you suspect Wake Vortex as the cause of the disturbance? .....

**5. CONSEQUENCES OF THE WAKE TURBULENCE ENCOUNTER**

No significant consequences <input type="checkbox"/>	Terminated approach <b>or</b> executed a 'go around' <input type="checkbox"/>	Landed long or fast <input type="checkbox"/>
Unstabilised approach <input type="checkbox"/>	Loss of aircraft control <input type="checkbox"/>	GPWS activation <input type="checkbox"/>
Conflict with other aircraft <input type="checkbox"/>	Physical injury <input type="checkbox"/>	Aircraft damage <input type="checkbox"/>
Level change request <input type="checkbox"/>	Heading change request <input type="checkbox"/>	Other (please state below) <input type="checkbox"/>

Other (e.g. Autopilot disengaged) .....

**6. ENCOUNTER OCCURRED IN DEPARTURE PHASE**  
 What SID were you on? .....  
 Were you turning? Yes  No  Did you use a reduced-thrust take-off? Yes  No

**7. ENCOUNTER OCCURRED IN ARRIVAL PHASE**  
 What STAR were you on? ..... Was the aircraft turning? Yes  No

**7. ENCOUNTER OCCURRED IN ARRIVAL PHASE (CONTINUED)**

What type of approach were you making? Visual  Precision  Non-precision

Were you on base-leg? Yes  No  Where were you in relation to the glideslope? High  Low  On

Where was the aircraft in relation to the centreline/localiser? Left  Right  On

How many miles were you from the touchdown? .....

**8. ENCOUNTER OCCURRED IN CRUISE**

Which Airway or route were you on? .....

Were you operating a Lateral offset? Yes  No  If not, did you consider an offset? Yes  No

**9. ENCOUNTERING AIRCRAFT INFORMATION ON AIRCRAFT GENERATING WAKE TURBULENCE (IF KNOWN)**

Were you aware of the aircraft generating the wake turbulence? Yes  No

If known, please provide the following information about the generating aircraft:

Operator: ..... Callsign: ..... Type & series: ..... Flight phase: .....

Estimated separation between aircraft (NM/ft/minutes): .....

Comments: .....

.....

**10. CONFIGURATION OF YOUR AIRCRAFT**

Autopilot: ..... Autothrottle: ..... Gear: .....

Flap: ..... Slat: ..... Spoilers: .....

**11. METEOROLOGY**

IMC: ..... VMC: ..... Wind direction: ..... Wind speed: .....

Visibility: ..... Cloud: ..... Temperature: ..... Dew point: .....

QNH: ..... Wind shear reported or experienced: .....

Turbulence: Light  Moderate  Severe

**12. REPORTING ACTION**

Did you report the incident to ATC at the time? Yes  No

**13. FDM DATA**

Could FDM data be made available for further investigation/research? Yes  No

Please supply FDM contact details:.....

.....

**14. REPORT FILERS NAME**

Name: ..... Appointment Title: ..... Date: .....

**15. SUBMISSION INSTRUCTIONS**

**When completed, send this form by post, fax or e-mail to either:**

Wake Turbulence Analysis Team,NATS  
Corporate and Technical Centre, 4000 Parkway, Whiteley, Fareham, Hampshire, PO15 7FL  
Fax: +44 (0) 1489 615215  
E-mail: [waketurbulence@nats.co.uk](mailto:waketurbulence@nats.co.uk)

**Or, for those encounters reportable under the MOR scheme, please send to:**

Safety Data  
Civil Aviation Authority, Safety Regulation Group, Aviation House, Gatwick Airport South,  
West Sussex, RH6 0YR  
Fax: +44 (0) 1293 573972  
E-mail: [sdd@caa.co.uk](mailto:sdd@caa.co.uk)

NATS maintains the National Wake Turbulence Encounter Database on behalf of the CAA.