

**LASER INCIDENT QUESTIONNAIRE**

The following information shall be captured during the investigation of all laser incidents. Pilots should also report the incident to the FAA at [www.faa.gov/aircraft/safety/report/laserinfo](http://www.faa.gov/aircraft/safety/report/laserinfo)

**GENERAL INFORMATION**

1. Name of victim(s):	2. Phone #:
3. Date of birth:	4. Position (pilot, co-pilot, etc.)
5. Type of aircraft:	6. Aircraft ID or tail #:
7. Date of incident:	8. Time of incident:

**ENVIRONMENTAL FACTORS**

9. Weather conditions:	10. Ambient light level (day, night, sunlight, dawn, dusk, starlight, moonlight, etc):
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**LOCATION OF STRIKE**

11. Phase of flight:	11a. Approximate heading:
	11b. Estimated altitude:
	11c. Aircraft Coordinates:
12. Location of incident (e.g., airport, city, etc.):	

**LASER LIGHT DESCRIPTION**

13. Origin of laser:
14. Beam color:
15. Nature of beam (constant/flicker/pulsed):
16. Light source (stationary or moving):
17. Do you feel you were intentionally tracked?
18. Relative intensity (flashbulb, headlight, sunlight):
19. Duration of exposure (seconds):

**ANGLE OF INCIDENT**

20. Check the box where the light entered the cockpit:										
Left		Left-front		Center		Right-front		Right		Other
21. Did the light hit your eye(s) directly or from the side?										

**EFFECT ON VICTIM**

22. Type of vision correction worn at time of incident (spectacles/contact lenses):
23. Describe visual/psychological/physical effects*:
* Examples of common visual effects: <ul style="list-style-type: none"> <li>• <i>Glare</i>: Obscuration of an object in a person's field of vision due to a bright light source located near the same line-of-sight. Glare lasts only as long as the light is actually present within the individual's field of vision.</li> <li>• <i>Afterimage</i>: A transient image left in the visual field after an exposure to a bright light.</li> <li>• <i>Flash Blindness</i>: A visual interference effect that persists after the source of the illumination has been removed.</li> <li>• <i>Blind Spot</i>: A temporary or permanent loss of vision of part of the visual field.</li> </ul>
24. Duration of visual effects (seconds/minutes/hours/days):
25. Effect on operational or cockpit procedures:
26. Injuries sustained:
27. Has victim been referred to an ophthalmologist? If so, list name and phone # of ophthalmologist:
28. Will victim submit results of examination to the FBI?
29. Previous known eye problems:
30. Date of last eye exam (prior to incident):

**OTHER INFORMATION**

31. Suspect(s) identified?
32. Suspect(s) interviewed and/or arrested?
33. Police and/or FBI file #:
34. Other:

Report prepared by:	Date:
FBI Division or Police Department:	Phone:

*The FBI airport liaison agent shall forward this report to FBIHQ only if suspect(s) are identified:*

Criminal Investigative Division, Violent Criminal Threat Section, Violent Crimes Unit  
 Email or fax report to: SFAM George H. Johnson or IA Gregory McMahon  
 Phone: 202-324-7896 | Fax: 202-324-2731