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U.S. Department
of Transportation
**Federal Aviation
Administration**

Director of Air Traffic

800 Independence Ave, SW
Washington, DC 20591

MAY 22 2002

Mr. John Greenewald, Jr.

Dear Mr. Greenewald:

This letter responds to your Freedom of Information Act (FOIA 2002-3101) request dated February 7, 2002. Your request sought all documents pertaining to the violation of airspace over the White House from January 1, 2000, to present.

We spoke with you over the phone to explain that these violations were classified as pilot deviations.

In response to your request, we are enclosing 35 sanitized hardcopy pilot deviation reports that match the above-referenced criteria. These reports contain recommendations, opinions, and analysis that qualify for withholding under the deliberative process privilege incorporated into exemption 5 of the FOIA, 5 United States Code 552(b)(5), and are being withheld. We have also redacted home addresses and telephone numbers of the pilots involved in these deviations. This information is being withheld from disclosure under exemption 6 of the FOIA. Exemption 6 of the FOIA protects information that pertains to an individual "the disclosure of which would constitute a clearly unwarranted invasion of personal privacy."

Your request for specific enforcement information has been forwarded to the Assistant Chief Counsel, Enforcement Division, AGC-300, and will be answered under separate cover.

There is no fee associated with this response.

The undersigned is responsible for this partial denial. You may request reconsideration of this determination by writing to the Assistant Administrator for Regions and Center Operations, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, D.C. 20591. Your request must be in writing within 30 days from the date of receipt of this letter and must include all information and arguments relied upon. Your letter must also state that it is an appeal from the above-described denial of a request made under the FOIA. The envelope containing the appeal should be marked "FOIA."

Sincerely,



Bill G. Peacock
Director of Air Traffic

Enclosures

MAR 15 2000

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in Item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 1 0 1 0 0
M M D D Y Y

B. UTC Time
10 05 9

C. Local Time
10 09 59

D. Nearest City or Town and State
Washington, DC

2. Pilot Information:

A. Name and Address

Ronald Sallman

Name (first, middle, last)

[Redacted Address]

Address

[Redacted City]

City

[Redacted State]

State or Country

ZIP

B. Home Base

KCGF

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

479921266

E. Date of Birth

[Redacted Birth Date]

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
3,500 hours

B. Total, Make & Model in Deviation
600 hours

C. Last 90 Days, All Aircraft
150 hours

D. Last 90 Days, Make & Model in Deviation
150 hours

E. Duty Time, Last 24 Hours (includes item 3F)
11 hours

F. Flight Time, Last 24 Hours
151 hours

G. Flight Time, Leg At Time of Deviation
210 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- (1) Student
- (2) Recreational
- (3) Private
- (4) Commercial
- (5) Airline Transport
- (6) Flight Instructor
- (7) Military
- (8) Foreign Pilot
- (9) None
- (10) Unknown
- (11) Other, Specify _____

B. Medical Certificate(s) (mark appropriate boxes):

- (1) First Class
- (2) Second Class
- (3) Third Class
- (4) Special Issuance, Specify Type _____
- (5) Self Certification
- (6) Out of Date
- (7) Unknown
- (8) None Required, Specify Reason _____

C. Date of Last Medical
1 0 2 1 9 9
M M D D Y Y

APR 1 1 2000

5. Pilot Rating(s) (mark appropriate boxes):

- A. Single Engine Land
- B. Multiengine Land
- C. Single Engine Sea
- D. Multiengine Sea
- E. Rotorcraft
- F. Glider
- G. Lighter-than-air
- H. None
- I. Unknown
- J. Other, Specify _____

6. Pilot Instrument Rating (mark one):

- A. Current
- B. Not Current
- C. None
- D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
- B. None
- C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- A. Flight Review
[] [] [] [] [] []
- B. Proficiency
1 0 1 3 9 9
- C. Competency Flight
[] [] [] [] [] []
- D. Simulator
1 0 1 3 9 9
- E. Route Check
[] [] [] [] [] []
- F. Instrument Currency or Instrument Rating Flight Test
1 0 1 3 9 9
- G. Airline Transport Pilot Flight Test
[] [] [] [] [] []
- H. Flight Test (private, commercial, or flight instruction)
[] [] [] [] [] []
- I. Other, Specify
[] [] [] [] [] []

9. Aircraft Information:

A. Registration (N) No. N 7 0 4 C W

B. Flight No. or Call Sign (if applicable)
Options

C. Make HS-125-700A D. Model _____

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 125)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____

State or Country _____

ZIP _____

B. Telephone Number

_____-_____-_____-_____

C. Certificate Number

_____-_____-_____-_____-_____-_____

12. Flight Information:

A. Departure Airport ID

K D C A

B. Destination Airport ID

K F M Y

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology or Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted, Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions, Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate.

INVESTIGATION OF PILOT DEVIATION REPORT (Continued)

Incident Report Number

P E A T D C A 0 0 0 0 1

18. Description of Deviation and Comments with Recommendations, if any:

Excessive glare in the cockpit from the light display on the Washington Mall interfered with the pilot's view of cockpit instruments. Pilot leveled the wings to reorient the aircraft and inadvertently entered P56.

Pilot stated that the glare was so severe that he was unaware that he was in P56.

No action is required or recommended.

19. Attachment(s):

- A. FAA Form 8020-17
B. Others, Specify _____

20. Related Reports:

- A. Enforcement Investigative Report (EIR, specify in Item 21)
B. Other, Specify _____
C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. _____ . _____ ()
B. _____ . _____ ()
C. _____ . _____ ()
D. _____ . _____ ()
E. No EIR

23. Investigating Flight Standards Office:

A. [A, E, A] FAA Region

C. [7, 0, 3] - [6, 6, 1] - [8, 1, 6, 0] Telephone Number

B. [2, 7] ID (e.g., 25)

24. Inspector Completing Form:

A. Signature _____

B. Name Joseph T. Mullen

Type or Print

C. Date [0, 3, 0, 3, 0, 0]
M M D D Y Y

25. Report Distributed to:

A. ~~ASP-100~~ ASY-100

B. Others, Specify _____

AEA-230, AEA-500, DCA ATCT, File

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in Item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide comments in Item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

PEA-T-DCA-00-001

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

<p>1. Date, Time and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC) 01/01/00</p> <p>B. UTC Time 0059</p> <p>C. Local Time 1959</p> <p>D. Nearest City or Town and State Washington DC</p>	<p>2. Pilot Information (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Name and Address Ron Sallman [REDACTED] [REDACTED]</p> <p>B. Daytime Telephone Number [REDACTED]</p> <p>C. Pilot Certificate No. (or enter "MILITARY")</p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input checked="" type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input checked="" type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input type="checkbox"/> Other, Specify</p>																									
<p>4. Aircraft Information (complete or mark box): <input type="checkbox"/> All Information Unknown</p> <p>A. Registration (N) Number N704CW</p> <p>B. Flight Number or Call Sign (if applicable) OPT8325</p> <p>C. Make Hawker-Siddeley</p> <p>D. Model H25B</p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14CFR 121 or 125) F. <input type="checkbox"/> Public (governmental)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129) G. <input type="checkbox"/> U.S. Military, Service</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135) H. <input checked="" type="checkbox"/> Unknown</p> <p>E. <input type="checkbox"/> General Aviation (14 CFR 91) I. <input type="checkbox"/> Other, Specify</p>																										
<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi E. <input type="checkbox"/> Turning or Maneuvering I. <input type="checkbox"/> Unknown</p> <p>B. <input type="checkbox"/> Takeoff F. <input type="checkbox"/> Descent J. <input type="checkbox"/> Other, Specify</p> <p>C. <input checked="" type="checkbox"/> Climb G. <input type="checkbox"/> Approach</p> <p>D. <input type="checkbox"/> Level Flight or Cruise H. <input type="checkbox"/> Landing</p>																										
<p>8. Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">A. <input checked="" type="checkbox"/> One</td> <td style="width: 15%;">Aircraft N No.</td> <td style="width: 30%;">Flight No. or Call Sign (if applicable)</td> <td style="width: 15%;">Make</td> <td style="width: 25%;">Model</td> </tr> <tr> <td>B. <input type="checkbox"/> Two</td> <td>F.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. <input type="checkbox"/> Three</td> <td>G.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D. <input type="checkbox"/> Four or More</td> <td>H.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E. <input type="checkbox"/> Unknown</td> <td>I.</td> <td></td> <td></td> <td></td> </tr> </table>		A. <input checked="" type="checkbox"/> One	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model	B. <input type="checkbox"/> Two	F.				C. <input type="checkbox"/> Three	G.				D. <input type="checkbox"/> Four or More	H.				E. <input type="checkbox"/> Unknown	I.				<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete Items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete Items 15 to 33)</p>
A. <input checked="" type="checkbox"/> One	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model																							
B. <input type="checkbox"/> Two	F.																										
C. <input type="checkbox"/> Three	G.																										
D. <input type="checkbox"/> Four or More	H.																										
E. <input type="checkbox"/> Unknown	I.																										
<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location:</p> <p style="text-align: center;">-ID-</p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify</p>																									
<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 feet</p> <p>B. <input type="checkbox"/> 100-499 feet</p> <p>C. <input type="checkbox"/> 500-1,000 feet</p> <p>D. <input type="checkbox"/> Over 1,000 feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p style="text-align: center;"><i>If Surface Deviation Only, Skip to Item 27</i></p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>C. <input type="checkbox"/> Entry or Downwind Leg</p> <p>D. <input type="checkbox"/> Base Leg</p> <p>E. <input type="checkbox"/> Final Approach</p> <p>F. <input checked="" type="checkbox"/> Departure Leg or Exit</p> <p>G. <input type="checkbox"/> Not in Traffic Pattern</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p>																								

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1,700</u> Feet msl B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one) :</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting B. <input type="checkbox"/> Operating, Without Altitude Reporting C. <input type="checkbox"/> Not Functioning (broken or off) D. <input type="checkbox"/> No Transponder E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown B. If Yes, Was TCAS Operating During Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown C. If Yes, Was TCAS Involved in Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown D. If Yes, Describe Involvement: _____ _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <u>DCA</u> VOR, TACAN or NDB ID B. _____ Airport ID C. _____ Airway Intersection ID D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19 (complete A&B or C&D):</p> <p>A. <u>001</u> Miles (nautical) B. <u>007</u> Degrees (magnetic) For Oceanic Airspace and Area Navigation Only C. ___ ° ___ ' NORTH Latitude D. ___ ° ___ ' WEST Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three) :</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input type="checkbox"/> Class G Airspace G. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u> _____ H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes) :</p> <p>A. _____ ARTCC B. _____ TRACON C. _____ RAPCON, RATCF, or ARAC D. <u>DCA</u> ATCT E. _____ AFSS or FSS F. <input type="checkbox"/> None G. <input type="checkbox"/> Unknown H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes) :</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation B. <input type="checkbox"/> ATC Course Clearance Deviation C. <input type="checkbox"/> Airspeed Clearance Violation D. <input checked="" type="checkbox"/> Airspace Clearance Violation E. <input type="checkbox"/> Flying VFR when IFR Required F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions G. <input type="checkbox"/> Required Aircraft Equipment Not Operating H. <input type="checkbox"/> Careless or Reckless Aircraft Operation I. <input type="checkbox"/> Unauthorized Low Level Flying J. <input type="checkbox"/> Missed Compulsory Reporting Point K. <input type="checkbox"/> Noncompliance with Other Regulations [specify FAR number(s)]: (1) <u>91.133</u> (a) (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one) :</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u> G. <input type="checkbox"/> None H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Proximity Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or <input type="checkbox"/> Unknown or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete) :</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____ B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____ C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____ D. <input type="checkbox"/> Other (including TCAS), Specify _____ E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional) :</p> <p>Pilot departed RWY 1 at DCA and failed to follow noise abatement and P56 avoidance procedures. The departure controller turned the aircraft on initial contact, but not in time to avoid the prohibited area. The pilot stated that due to the very bright lights in the Mall area during the Y2K celebration there was some confusion in the cockpit and he was slow to make the turn.</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number
PEA-T-DCA-00-001

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box): No Attachments

30. Reporting Office:
 A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:
Thomas R. Ficklen

32. Facility Manager Approving Form:
 A. Signature James D. Solari
 B. Name for Lawrence L Bicknell, Manager
Washington National ATCT
 C. Date January 5, 2000

33. Report Distributed to:
 A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|------------------|----------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - Southwest |
| EA - Eastern | NM - Northwest | WP - Western- |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|-------------|
| C - ARTCC | R - TRACON | Z - FSDO or |
| F - AFSS or FSS | T - ATCT | Other |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0 2

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 1 0 5 0 0
 M M D D Y Y

B. UTC Time
1 8 5 4

C. Local Time
1 3 5 4

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address

PIERRE PELLETIER
 Name (first, middle, last)

 Address

 City State or Country ZIP

B. Home Base
MONTREAL, CANADA

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
A, A, 2, 0, 9, 7, 1, 0, 1

E. Date of Birth

 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
1 1 0 0 0 hours

B. Total, Make & Model in
3 0 0 0 hours

C. Last 90 Days, All Aircraft
1 0 0 hours

D. Last 90 Days, Make & Model in Deviation
1 0 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
8 hours

F. Flight Time, Last 24 Hours
7 0 hours

G. Flight Time, Leg At Time of Deviation
0 0 . 1 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | (5) <input type="checkbox"/> Self Certification | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical 1 1 1 1 9 9
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|--|--|--|----------------------------|
| A. Flight Review
<u>1 1 1 7 9 8</u> | D. Simulator
_____ | G. Airline Transport Pilot Flight Test
_____ | I. Other, Specify
_____ |
| B. Proficiency
<u>1 1 1 7 9 8</u> | E. Route Check
_____ | H. Flight Test (private, commercial, or flight instruction)
_____ | |
| C. Competency Flight
_____ | F. Instrument Currency or Instrument Rating Flight Test
_____ | | |

AUG 07 2000
FAA-230-

9. Aircraft Information:

A. Registration (N) No. _____

B. Flight No. or Call Sign (if applicable)

CANADIAN CFLPD

C. Make
CESSNA

D. Model
550

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____ State or Country _____ ZIP _____

B. Telephone Number _____

C. Certificate Number _____

12. Flight Information :

A. Departure Airport ID

[K, D, C, I, A]

B. Destination Airport ID

[K, Y, U, I, L]

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

2. THE PILOT IN COMMAND OF THE SUBJECT FLIGHT WAS PIERRE PELLETIER.

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 0 | 2

18. Description of Deviation and Comments with Recommendations, if any:

DCA ATCT CLEARED SUBJECT AIRCRAFT FOR TAKEOFF ON RUNWAY 01. AIRCRAFT, WITHOUT ATC INSTRUCTION, SWITCHED FREQUENCY FROM LOCAL TO DEPARTURE. LOCAL INSTRUCTED AIRCRAFT TO TURN LEFT. AIRCRAFT, HAVING SWITCHED FREQUENCY, DID NOT HEAR THE INSTRUCTION, CONTINUED RUNWAY HEADING, AND ENTERED AREA P-56.

19. Attachment(s):

- A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0, 0, E, A, 2, 7, 0, 0, 3, 6
 B. No EIR Initiated

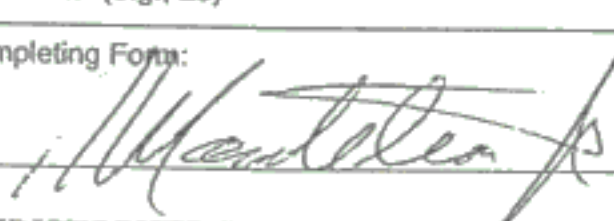
22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 0, 9, 1 - 1, 3, 3 (a)
 B. _____ (_____)
 C. _____ (_____)
 D. _____ (_____)
 E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
 B. 2, 7 ID (e.g., 25)
 C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
 B. Name CHRISTOPHER J. MONTELEON, JR.
Type or Print
 C. Date 0, 3, 1, 5, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
 B. Others, Specify AEA-230, AEA-500, IAD-ATCT, OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

<p>1. Date, Time and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC) 01/05/00</p> <p>B. UTC Time 1854</p> <p>C. Local Time 1354</p> <p>D. Nearest City or Town and State Washington DC</p>	<p>2. Pilot Information (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Name and Address <u>Susan Simerd</u> [REDACTED]</p> <p>B. Daytime Telephone Number [REDACTED]</p> <p>C. Pilot Certificate No. (or enter "MILITARY") 276555</p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input checked="" type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input checked="" type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input type="checkbox"/> Other, Specify</p>
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<p>4. Aircraft Information (complete or mark box): <input type="checkbox"/> All Information Unknown</p> <p>A. Registration (N) Number CFLPD</p> <p>B. Flight Number or Call Sign (if applicable)</p> <p>C. Make <u>Cessna</u></p> <p>D. Model <u>550</u></p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14CFR 121 or 125)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129)</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135)</p> <p>E. <input checked="" type="checkbox"/> General Aviation (14 CFR 91)</p> <p>F. <input type="checkbox"/> Public (governmental)</p> <p>G. <input type="checkbox"/> U.S. Military, Service</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi</p> <p>B. <input type="checkbox"/> Takeoff</p> <p>C. <input checked="" type="checkbox"/> Climb</p> <p>D. <input type="checkbox"/> Level Flight or Cruise</p> <p>E. <input type="checkbox"/> Turning or Maneuvering</p> <p>F. <input type="checkbox"/> Descent</p> <p>G. <input type="checkbox"/> Approach</p> <p>H. <input type="checkbox"/> Landing</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify</p>
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FEB 28 2000

<p>8. Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <p>A. <input checked="" type="checkbox"/> One</p> <p>B. <input type="checkbox"/> Two</p> <p>C. <input type="checkbox"/> Three</p> <p>D. <input type="checkbox"/> Four or More</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete Items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete Items 15 to 33)</p>
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<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location:</p> <p>-ID-</p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify</p>
--	--	---

<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 feet</p> <p>B. <input type="checkbox"/> 100-499 feet</p> <p>C. <input type="checkbox"/> 500-1,000 feet</p> <p>D. <input type="checkbox"/> Over 1,000 feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p>If Surface Deviation Only, Skip to Item 27</p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>C. <input type="checkbox"/> Entry or Downwind Leg</p> <p>D. <input type="checkbox"/> Base Leg</p> <p>E. <input type="checkbox"/> Final Approach</p> <p>F. <input checked="" type="checkbox"/> Departure Leg or Exit</p> <p>G. <input type="checkbox"/> Not in Traffic Pattern</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p>
--	--	---	--

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1,700</u> Feet msl B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one) :</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting B. <input type="checkbox"/> Operating, Without Altitude Reporting C. <input type="checkbox"/> Not Functioning (broken or off) D. <input type="checkbox"/> No Transponder E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown B. If Yes, Was TCAS Operating During Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown C. If Yes, Was TCAS Involved in Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown D. If Yes, Describe Involvement: _____ _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <u>DCA</u> VOR, TACAN or NDB ID B. _____ Airport ID C. _____ Airway Intersection ID D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19 (complete A&B or C&D):</p> <p>A. <u>003</u> Miles (nautical) B. <u>000</u> Degrees (magnetic) For Oceanic Airspace and Area Navigation Only C. ___ ° ___ ' NORTH Latitude D. ___ ° ___ ' WEST Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three) :</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input type="checkbox"/> Class G Airspace G. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u> <u>P56B</u> H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes) :</p> <p>A. _____ ARTCC B. _____ TRACON C. _____ RAPCON, RATCF, or ARAC D. <u>DCA</u> ATCT E. _____ AFSS or FSS F. <input type="checkbox"/> None G. <input type="checkbox"/> Unknown H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes) :</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation B. <input type="checkbox"/> ATC Course Clearance Deviation C. <input type="checkbox"/> Airspeed Clearance Violation D. <input checked="" type="checkbox"/> Airspace Clearance Violation E. <input type="checkbox"/> Flying VFR when IFR Required F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions G. <input type="checkbox"/> Required Aircraft Equipment Not Operating H. <input type="checkbox"/> Careless or Reckless Aircraft Operation I. <input type="checkbox"/> Unauthorized Low Level Flying J. <input type="checkbox"/> Missed Compulsory Reporting Point K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations [specify FAR number(s)]: (1) <u>91 .129</u> (g) (2) <u>91 .129</u> (c)</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one) :</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A and P56B</u> G. <input type="checkbox"/> None H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Proximity Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete) :</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____ B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s). _____ C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s). _____ D. <input type="checkbox"/> Other (including TCAS), Specify _____ E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional) :</p> <p>Aircraft requested IFR clearance from DCA Clearance Delivery. Aircraft was given "depart NW via noise abatement and P56 avoidance, Radar vectors to join J220 as filed...". Aircraft read back the route but did not read back the noise abatement procedures. Aircraft departed RWY1 and did not turn to join the 328 radial or follow the Potomac River. The Local Controller instructed the aircraft to turn left and join the 328R but the pilot had changed frequencies without instruction from ATC. The aircraft contacted Departure and the controller</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEA-T-DCA-00-002

28. Brief Description of Deviation and Comments (continued):

turned the aircraft to avoid P56 but the turn was not in time.

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box):

No Attachments

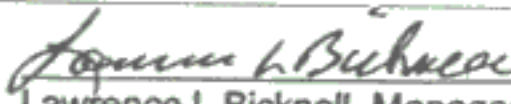
30. Reporting Office:

A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:

Thomas R. Ficklen

32. Facility Manager Approving Form:

A. Signature 
 B. Name Lawrence L Bicknell, Manager
 Washington National ATCT
 C. Date January 14, 2000

33. Report Distributed to:

A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest	WP - Western

The fourth character identifies the type of facility completing the form:

C - ARTCC R - TRACON Z - FSDO or
 F - AFSS or FSS T - ATCT Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

AFSS	-	Automated Flight Service Station
ARAC	-	Army Radar Approach Control
ARTCC	-	Air Route Traffic Control Center
ATCT	-	Air Traffic Control Tower
CFR	-	Code of Federal Regulations
FAR	-	Federal Aviation Regulations
FSDO	-	Flight Standards District Office
FSS	-	Flight Service Station
GPS	-	Global Positioning System
msl	-	Mean Sea Level
NDB	-	Nondirectional Beacon
RAPCON	-	Radar Approach Control
RATCF	-	Radar Air Traffic Control Facility
TACAN	-	Tactical Air Navigation
TCAS	-	Traffic Alert and Collision Avoidance System
TRACON	-	Terminal Radar Approach Control
VOR	-	Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0 3

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 2 | 0 | 1 | 0 | 0]
 M M D D Y Y

B. UTC Time
 [1 | 4 | 1 | 5]

C. Local Time
 [0 | 9 | 1 | 5]

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
PATRICK FRANCES TRACY
 Name (first, middle, last)
 [REDACTED]
 Address
 [REDACTED]
 City State or Country ZIP

B. Home Base
MT STERLING, IL

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
 [0 | 0 | 1 | 9 | 3 | 0 | 4 | 4 | 5]

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [2 | 6 | 7 | 5] hours

B. Total, Make & Model in
 [1 | 2 | 0] hours

C. Last 90 Days, All Aircraft
 [3 | 2] hours

D. Last 90 Days, Make & Model in Deviation
 [2 | 5] hours

E. Duty Time, Last 24 Hours (includes item 3F)
 [3] hours

F. Flight Time, Last 24 Hours
 [3] hours

G. Flight Time, Leg At Time of Deviation
 [0 | 3] . [0] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input checked="" type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify <u>ATL 5170</u>
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class	(5) <input type="checkbox"/> Self Certification	(7) <input type="checkbox"/> Unknown
(3) <input checked="" type="checkbox"/> Third Class		(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [0 | 7 | 2 | 4 | 9 | 8]
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. <input checked="" type="checkbox"/> Current
B. <input type="checkbox"/> Not Current
C. <input type="checkbox"/> None
D. <input type="checkbox"/> Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. <input type="checkbox"/> One or More
B. <input checked="" type="checkbox"/> None
C. <input type="checkbox"/> Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review [0 5 2 6 9 9]	D. Simulator [] [] [] [] [] []	G. Airline Transport Pilot Flight Test [] [] [] [] [] []	I. Other, Specify [] [] [] [] [] []
B. Proficiency [0 5 2 6 9 9]	E. Route Check [] [] [] [] [] []	H. Flight Test (private, commercial, or flight instruction) [] [] [] [] [] []	
C. Competency Flight [] [] [] [] [] []	F. Instrument Currency or Instrument Rating Flight Test [] [] [] [] [] []		

ATA-930 300 09 0000

9. Aircraft Information:

A. Registration (N) No. N 9 6 0 D F

B. Flight No. or Call Sign (if applicable)

C. Make

CESSNA

D. Model

414

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____ State or Country _____ ZIP _____

B. Telephone Number _____

C. Certificate Number _____

12. Flight Information :

A. Departure Airport ID

K I 6 6

B. Destination Airport ID

K D C A

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 0 | 3

18. Description of Deviation and Comments with Recommendations, if any:

PILOT WAS ARRIVING AT DCA. HE WAS INITIALLY CLEARED TO RUNWAY 15, THEN RE-CLEARED TO RUNWAY 21. PILOT WAS NORTHWEST OF DCA, AND DURING THE CIRCLING MANEUVER ENTERED P-56.

19. Attachment(s):

- A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0, 0, E, A, 2, 7, 0, 0, 5, 6
 B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. 0, 9, 1 - 1, 3, 3 (a)
 B. _____ (_____)
 C. _____ (_____)
 D. _____ (_____)
 E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
 B. 2, 7 ID (e.g., 25)
 C. 17, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
 B. Name JOSEPH T. MULLEN
Type or Print
 C. Date 0, 3, 0, 8, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
 B. Others, Specify AEA-230, AEA-500, IAD ATCT

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

PEA-T-DCA-00-003

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

<p>1. Date, Time and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC) 02/01/00</p> <p>B. UTC Time 1415</p> <p>C. Local Time 0915</p> <p>D. Nearest City or Town and State Washington DC</p>	<p>2. Pilot Information (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Name and Address Patrick Frances Tracy [REDACTED]</p> <p>B. Daytime Telephone Number: [REDACTED]</p> <p>C. Pilot Certificate No. (or enter "MILITARY") 1930445</p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input checked="" type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input type="checkbox"/> Other, Specify _____</p>
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<p>4. Aircraft Information (complete or mark box): <input type="checkbox"/> All Information Unknown</p> <p>A. Registration (N) Number N960DF</p> <p>B. Flight Number or Call Sign (if applicable)</p> <p>C. Make Cessna</p> <p>D. Model C-414</p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14CFR 121 or 125)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129)</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135)</p> <p>E. <input checked="" type="checkbox"/> General Aviation (14 CFR 91)</p> <p>F. <input type="checkbox"/> Public (governmental)</p> <p>G. <input type="checkbox"/> U.S. Military, Service</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>
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<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi</p> <p>B. <input type="checkbox"/> Takeoff</p> <p>C. <input type="checkbox"/> Climb</p> <p>D. <input type="checkbox"/> Level Flight or Cruise</p> <p>E. <input type="checkbox"/> Turning or Maneuvering</p> <p>F. <input checked="" type="checkbox"/> Descent</p> <p>G. <input checked="" type="checkbox"/> Approach</p> <p>H. <input type="checkbox"/> Landing</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify _____</p>
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<p>8. Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <p>A. <input checked="" type="checkbox"/> One</p> <p>B. <input type="checkbox"/> Two</p> <p>C. <input type="checkbox"/> Three</p> <p>D. <input type="checkbox"/> Four or More</p> <p>E. <input type="checkbox"/> Unknown</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Aircraft N No.</td> <td style="border: none;">Flight No. or Call Sign (if applicable)</td> <td style="border: none;">Make</td> <td style="border: none;">Model</td> </tr> <tr> <td style="border: none;">F.</td> <td style="border: none;">G.</td> <td style="border: none;">H.</td> <td style="border: none;">I.</td> </tr> </table>	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model	F.	G.	H.	I.	<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete items 15 to 33)</p>
Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model						
F.	G.	H.	I.						

FEB 09 2000

<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location:</p> <p style="text-align: center; font-size: 1.2em;">-ID-</p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>
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<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 feet</p> <p>B. <input type="checkbox"/> 100-499 feet</p> <p>C. <input type="checkbox"/> 500-1,000 feet</p> <p>D. <input type="checkbox"/> Over 1,000 feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p><i>If Surface Deviation Only, Skip to Item 27</i></p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>C. <input type="checkbox"/> Entry or Downwind Leg</p> <p>D. <input checked="" type="checkbox"/> Base Leg</p> <p>E. <input type="checkbox"/> Final Approach</p> <p>F. <input type="checkbox"/> Departure Leg or Exit</p> <p>G. <input type="checkbox"/> Not in Traffic Pattern</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>
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<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>2,900</u> Feet msl B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting B. <input type="checkbox"/> Operating, Without Altitude Reporting C. <input type="checkbox"/> Not Functioning (broken or off) D. <input type="checkbox"/> No Transponder E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown B. If Yes, Was TCAS Operating During Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown C. If Yes, Was TCAS Involved in Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <u>DCA</u> VOR, TACAN or NDB ID B. _____ Airport ID C. _____ Airway Intersection ID D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19 (complete A&B or C&D):</p> <p>A. <u>004</u> Miles (nautical) B. <u>350</u> Degrees (magnetic) For Oceanic Airspace and Area Navigation Only C. ____° ____' NORTH Latitude D. ____° ____' WEST Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input checked="" type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input type="checkbox"/> Class G Airspace G. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P-56A</u></p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC B. _____ TRACON C. _____ RAPCON, RATCF, or ARAC D. <u>DCA</u> ATCT E. _____ AFSS or FSS F. <input type="checkbox"/> None G. <input type="checkbox"/> Unknown H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation B. <input type="checkbox"/> ATC Course Clearance Deviation C. <input type="checkbox"/> Airspeed Clearance Violation D. <input checked="" type="checkbox"/> Airspace Clearance Violation E. <input type="checkbox"/> Flying VFR when IFR Required F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions G. <input type="checkbox"/> Required Aircraft Equipment Not Operating H. <input type="checkbox"/> Careless or Reckless Aircraft Operation I. <input type="checkbox"/> Unauthorized Low Level Flying J. <input type="checkbox"/> Missed Compulsory Reporting Point K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations [specify FAR number(s)]: (1) <u>91.133</u> (a) (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u> G. <input type="checkbox"/> None H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Proximity Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or <input type="checkbox"/> Unknown or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____ B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____ C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____ D. <input type="checkbox"/> Other (including TCAS), Specify _____ E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p>Aircraft checked on DCA Arrival frequency level at seven thousand feet established on the "MANNE" arrival. The specialist advised the pilot to expect a visual approach to RWY15 and provided normal services until the pilot reported the airport in sight and was subsequently cleared for a visual approach to RWY15 and told to change to the tower frequency. The pilot checked onto the tower frequency and was told to continue the approach to RWY15. The local controller felt the aircraft was too high and instructed the pilot to "stay over the</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEA-T-DCA-00-003

28. Brief Description of Deviation and Comments (continued):

river, cleared to land RWY21". The local controller noticed that the aircraft was getting close to the Prohibited Area and instructed the pilot again to stay over the river and asked the pilot to verify that he was in fact over the river. The pilot confirmed he was over the river.

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box): No Attachments

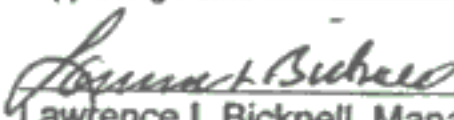
30. Reporting Office:

A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:

Thomas R. Ficklen

32. Facility Manager Approving Form:

A. Signature 
 B. Name Lawrence L Bicknell, Manager
Washington National ATCT
 C. Date February 3, 2000

33. Report Distributed to:

A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest	WP - Western-

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO or
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

AFSS	-	Automated Flight Service Station
ARAC	-	Army Radar Approach Control
ARTCC	-	Air Route Traffic Control Center
ATCT	-	Air Traffic Control Tower
CFR	-	Code of Federal Regulations
FAR	-	Federal Aviation Regulations
FSDO	-	Flight Standards District Office
FSS	-	Flight Service Station
GPS	-	Global Positioning System
msl	-	Mean Sea Level
NDB	-	Nondirectional Beacon
RAPCON	-	Radar Approach Control
RATCF	-	Radar Air Traffic Control Facility
TACAN	-	Tactical Air Navigation
TCAS	-	Traffic Alert and Collision Avoidance System
TRACON	-	Terminal Radar Approach Control
VOR	-	Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0 4

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 2 | 1 | 1 | 0 | 0]
 M M D D Y Y

B. UTC Time
 [1 | 4 | 0 | 7]

C. Local Time
 [0 | 9 | 0 | 7]

D. Nearest City or Town and State
Washington D.C.

2. Pilot Information:

A. Name and Address

Ed Piercy
 Name (first, middle, last)

[REDACTED]
 Address

[REDACTED]
 City State or Country ZIP

B. Home Base

Cleveland OH

C. Telephone Number

[REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")

[4 | 6 | 4 | 6 | 8 | 3 | 0 | 4 | 0]

E. Date of Birth

[REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [2 | 0 | 0 | 0 | 0] hours

B. Total, Make & Model in
 [6 | 0 | 0 | 0] hours

C. Last 90 Days, All Aircraft
 [2 | 5 | 0] hours

D. Last 90 Days, Make & Model in Deviation
 [2 | 5 | 0] hours

E. Duty Time, Last 24 Hours (includes item 3F)
 [2] hours

F. Flight Time, Last 24 Hours
 [2] hours

G. Flight Time, Leg At Time of Deviation
 [0 | 1] . [0] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input checked="" type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | (5) <input type="checkbox"/> Self Certification | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical [0 | 2 | 1 | 5 | 0 | 0]
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input checked="" type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|--|---|---|---|
| A. Flight Review
[] [] [] [] [] [] | D. Simulator
[] [] [] [] [] [] | G. Airline Transport Pilot Flight Test
[] [] [] [] [] [] | I. Other, Specify
[] [] [] [] [] [] |
| B. Proficiency
[0 8 1 5 9 9] | E. Route Check
[0 9 0 3 9 9] | H. Flight Test (private, commercial, or flight instruction)
[] [] [] [] [] [] | |
| C. Competency Flight
[] [] [] [] [] [] | F. Instrument Currency or Instrument Rating Flight Test
[] [] [] [] [] [] | | |

AEA-230- APR 9 8 2000

JUL 11 2000

<p>9. Aircraft Information:</p> <p>A. Registration (N) No. _____</p> <p>B. Flight No. or Call Sign (if applicable) COA 1606</p> <p>C. Make <u>Boeing</u> D. Model <u>B737</u></p> <p>E. Aircraft Type (mark one):</p> <p>(1) <input type="checkbox"/> Single Engine Land (5) <input type="checkbox"/> Rotorcraft (2) <input checked="" type="checkbox"/> Multiengine Land (6) <input type="checkbox"/> Other, Specify _____ (3) <input type="checkbox"/> Single Engine Sea (4) <input type="checkbox"/> Multiengine Sea</p>	<p>10. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> U.S. Air Carrier (14 CFR 121 or B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129) C. <input type="checkbox"/> Commuter (14 CFR 135) D. <input type="checkbox"/> Air Taxi (14 CFR 135) E. <input type="checkbox"/> General Aviation (14 CFR 91) F. <input type="checkbox"/> Public (governmental) G. <input type="checkbox"/> U.S. Military, Specify Service _____ H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>
---	--

<p>11. Aircraft Operator Information (complete, or mark box if General Aviation): <input type="checkbox"/> General Aviation</p> <p>A. Name and Address <u>CONTINENTAL AIRLINES</u> <small>Full Name</small></p> <p><u>1600 SMITH STREET</u> <small>Address</small></p> <p><u>HUSTON, TX 77002</u> <small>City State or Country ZIP</small></p> <p>B. Telephone Number <u>7, 1, 3</u> - <u>5, 2, 5</u> - <u>7, 5, 0, 0</u> C. Certificate Number <u>C, A, L, A, , 0, 1, 4, A</u></p>	<p>12. Flight Information :</p> <p>A. Departure Airport ID <u>C, I, E, I</u></p> <p>B. Destination Airport ID <u>D, C, A, I</u></p> <p>C. Local Flight: (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. First Flight of Day for Pilot: (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p>
--	---

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data
B. Avoidance of Weather
C. Flying Visual Flight Rules (VFR) in Instrument Conditions
D. Unknown
E. Other, Specify _____
F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication
B. Transponder
C. Navigation, Excluding Autopilot
D. Autopilot
E. Altimeter
F. Unknown
G. Other, Specify Windshield Wipers
H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft
B. Avionics
C. ATC Procedures
D. ATC Terminology and Phraseology
E. English Language
F. Preflight Planning
G. Crew Coordination
H. Weather
I. Airport
J. Current Charts and Approach Plates
K. Unknown
L. Other, Specify _____
M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked
B. Distracted Specify _____
C. Fatigued
D. Actively Scanning
E. Not Actively Scanning
F. Unable to Locate Traffic, Even With Traffic Advisory
G. Disoriented or Lost
H. Sick, Specify _____
I. Not Following ATC Instructions Specify _____
J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
K. Operating With Transponder Off
L. Responding to TCAS Resolution Advisory
M. Unknown
N. Other, Specify _____
O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 0 | 4

18. Description of Deviation and Comments with Recommendations, if any:

Aircraft was cleared for a visual approach to Rwy 18 at DCA. They hit a rainshower on the approach when the wipers were turned on they malfunctioned and diverted the captain and F/O's attention long enough to wander into P-56. NO further action required

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
- B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. [] [] [] [] = [] [] [] [] ([])
- B. [] [] [] [] = [] [] [] [] ([])
- C. [] [] [] [] = [] [] [] [] ([])
- D. [] [] [] [] = [] [] [] [] ([])
- E. No EIR

23. Investigating Flight Standards Office:

- A. [A, E, A] FAA Region
- B. [2, 7] ID (e.g., 25)
- C. [7, 0, 4] - [6, 6, 1] - [8, 1, 6, 0] Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name William Osborne
Type or Print
- C. Date [0, 4, 2, 6, 0, 0]
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
- B. Others, Specify _____

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

PEATDCA00005 004

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

10 2 11 90

B. UTC Time 114107

C. Local Time 10 9 07

D. Nearest City or Town and State

Washington DC

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address

ED PIERCY

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter "MILITARY")

4164683040

3. Deviation First Detected by (mark one):

- A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, including Pilots
F. Other, Specify

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)

B. Flight No. or Call Sign (if applicable) COA1606

C. Make

D. Model B735

5. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 125)
B. Foreign Air Carrier (14 CFR 129)
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 135)
E. General Aviation (14 CFR 91)
F. Public (governmental)
G. US Military, Specify Service
H. Unknown
I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
B. Takeoff
C. Climb
D. Level Flight or Cruise
E. Turning or Maneuvering
F. Descent
G. Approach
H. Landing
I. Unknown
J. Other, Specify

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

Table with columns: Aircraft N No., Flight No. or Call Sign (if applicable), Make, Model. Includes rows for One, Two, Three, Four or More, Unknown.

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete items 10 to 14 and 27 to 33)
B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify

FEB 14 2000

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 Feet
B. 100 - 499 Feet
C. 500 - 1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
B. Crosswind
C. Entry of Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify

Diggins - 1315E

A. 111.100
 B. Unknown

A. Operating, With Altitude Reporting
 B. Operating, Without Altitude Reporting
 C. Not Functioning (broken or off)
 D. No Transponder
 E. Unknown

16. Was the Aircraft Equipped with TCAS?
 A. (1) Yes (2) No (3) Unknown
 B. If Yes, Was TCAS Operating During Deviation?
 (1) Yes (2) No (3) Unknown
 C. If Yes, Was TCAS Involved in Deviation?
 (1) Yes (2) No (3) Unknown
 D. If Yes, Describe Involvement:

18. Fix or Facility Nearest Deviation (complete one)
 A. VOR, TACAN, or NDB ID
 B. DCA Airport ID
 C. Airway Intersection ID
 D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D):
 A. 003 Miles (nautical)
 B. 350 Degrees (magnetic)
 For Oceanic Airspace and Area Navigation Only:
 C. Latitude
 D. Longitude

21. Operational Control Area of Aircraft: (mark a maximum of three):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Class G Airspace
 G. Special Use Airspace, Specify

22. Location ID of Facility(ies) Providing Air Traffic Services During Deviation (complete appropriate boxes):
 A. ARTDC
 B. TRACON
 C. RAPCON, RATCF or ARAC
 D. DCA ATCT

E. AFSS or FSS
 F. None
 G. Unknown
 H. Other, Specify

H. Within Terminal Radar Service Area
 I. Towered Airport
 J. Nontowered Airport
 K. Unknown
 L. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):
 A. ATC Altitude Clearance Deviation
 B. ATC Course Clearance Deviation
 C. Airspeed Clearance Violation
 D. Airspace Clearance Violation
 E. Flying VFR when IFR Required
 F. Pilot Unqualified for Aircraft or Conditions
 G. Required Aircraft Equipment Not Operating
 H. Careless or Reckless Aircraft Operation
 I. Unauthorized Low Level Flying
 J. Missed Compulsory Reporting Point
 K. Noncompliance with Other Regulations (specify FAR number(s)):
 (1) (2)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace

F. Special Use Airspace, Specify
 G. None
 H. Unknown
 I. Other, Specify PROHIBITED AIRSPACE P-56

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:
 No Clearance Deviation
 A. Feet, Vertical or Unknown
 B. 3 000 Feet, Horizontal
 or Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:
 No Loss of Separation
 A. Feet, Vertical or Unknown
 B. Feet, Horizontal
 or Miles (nautical), Horizontal or Unknown
 C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):
 A. Incident Report (FAA Form 8020-11). Specify No(s).
 B. Preliminary Near Midair Collision Report (FAA Form 8020-21). Specify No(s).
 C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1). Specify No(s).
 D. Other (including TCAS), Specify
 E. None

28. Brief Description of Deviation and Comments (comments optional):
AIRCRAFT 1 WAS CLEARED RIVER VISUAL RWY 19 APPROX AT DCA.
AIRCRAFT 1 ENTERED P56A AT THE NORTHWEST CORNER AND EXITED
JUST SOUTH OF THE REFLECTING POOL. THE TOWER CONTROLLER ADVISED
AIRCRAFT 1 TO STAY OVER THE RIVER WHEN HE OBSERVED AIRCRAFT 1
DRIFT NORTH OF COURSE THE PILOT OF AIRCRAFT 1 STATED LATER
VIA TELEPHONE THAT THE FLIGHT ENCOUNTERED A RAIN

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEATDCAB00005 ⁰⁰⁴

28. Brief Description of Deviation and Comments (continued):

**SHOWER ON APPROACH AND THAT THEY HAD PROBLEMS WITH
THEIR WINDSHIELD WIPERS.**

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. AEA FAA Region

B. Location ID

C. Telephone No.

31. Name of Individual Completing Form:

TOM NIEDERMAIER

Type or Print

32. Facility Manager Approving Form:

A. Signature

B. Name

LARRY BICKNELL

Type or Print

C. Date

M M D D Y Y

33. Report Distributed to:

A. FAA Region AEA Flight Standards ID 27

B. Others, Specify

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 026. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 98 for 1998.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1998 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|-------------|--|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR Station | - Very High Frequency Omnidirectional Range |

YUEH21000021

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0 5

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)

0 2 1 7 0 0
M M D D Y Y

B. UTC Time

1 9 4 1

C. Local Time

1 4 4 1

D. Nearest City or Town and State

WASHINGTON, DC

2. Pilot Information:

A. Name and Address

RONALD PATRICK RUSSELL

Name (first, middle, last)

Address

City

State or Country

ZIP

B. Home Base

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

0 0 1 7 9 9 3 3 7

E. Date of Birth

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
1 7 0 0 0 hours

B. Total, Make & Model in
1 0 0 0 hours

C. Last 90 Days, All Aircraft
1 9 5 hours

D. Last 90 Days, Make & Model in Deviation
1 9 5 hours

E. Duty Time, Last 24 Hours (includes item 3F)
3 hours

F. Flight Time, Last 24 Hours
6 hours

G. Flight Time, Leg At Time of Deviation
0 0 1 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- (1) Student
- (2) Recreational
- (3) Private
- (4) Commercial
- (5) Airline Transport
- (6) Flight Instructor
- (7) Military
- (8) Foreign Pilot
- (9) None
- (10) Unknown
- (11) Other, Specify _____

B. Medical Certificate(s) (mark appropriate boxes):

- (1) First Class
- (2) Second Class
- (3) Third Class
- (4) Special Issuance, Specify Type _____
- (5) Self Certification
- (6) Out of Date
- (7) Unknown
- (8) None Required, Specify Reason _____

C. Date of Last Medical

0 1 0 3 0 0
M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- A. Single Engine Land
- B. Multiengine Land
- C. Single Engine Sea
- D. Multiengine Sea
- E. Rotorcraft
- F. Glider
- G. Lighter-than-air
- H. None
- I. Unknown
- J. Other, Specify _____

6. Pilot Instrument Rating (mark one):

- A. Current
- B. Not Current
- C. None
- D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
- B. None
- C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- A. Flight Review
- B. Proficiency
- C. Competency Flight
- D. Simulator
- E. Route Check
- F. Instrument Currency or Instrument Rating Flight Test
- G. Airline Transport Pilot Flight Test
- H. Flight Test (private, commercial, or flight instruction)
- I. Other, Specify

1909 2 11

UUC 6 0 7 2000

MMZ 5 0 3 3 3

9. Aircraft Information:

A. Registration (N) No. 15,000XY

B. Flight No. or Call Sign (if applicable)

C. Make HAWKER SIDLEY

D. Model HS-125

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

MAIN AVIATION

Full Name

1001 WESTBROOK STREET

Address

PORTLAND, MA 04102

City

State or Country

ZIP

B. Telephone Number

2,0,7 - 7,8,0 - 1,8,1,1

C. Certificate Number

12. Flight Information:

A. Departure Airport ID

K, D, C, A

B. Destination Airport ID

K, V, R, B

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

FILE COPY

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 0 5

18. Description of Deviation and Comments with Recommendations, if any:

AT APPROXIMATELY 1441 LOCAL, N500XY, A HS-125 PILOTED BY RONALD RUSSELL INADVERTENTLY ENTERED INTO P-56 AIRSPACE. MR. RUSSELL, AFTER TAKE-OFF FROM RUNWAY 1 AT DCA, ENTERED INTO P-56 WHILE CLEARED ON THE DCA NOISE ABATEMENT, P-56 PROCEDURE, IFR TO VERO BEACH, FL.

19. Attachment(s):

- A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0 0 E A 2 7 0 0 6 2
 B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 0, 9, 1 - 1, 2, 3 (A)
 B. 0, 9, 1 - 1, 3, 3 (A)
 C. _____ - _____ (_____)
 D. _____ - _____ (_____)
 E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
 B. 2, 7 ID (e.g., 25)
 C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
 B. Name FRITZ A. HEUNEMANN
Type or Print
 C. Date 0, 4, 0, 5, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
 B. Others, Specify AEA-230, AEA-500, DCA ATCT,
FILE COPY

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number:

PEA-T-DCA-00-005

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

<p>1. Date, Time and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC) 02/17/00</p> <p>B. UTC Time 1941</p> <p>C. Local Time 1441</p> <p>D. Nearest City or Town and State Washington DC</p>	<p>2. Pilot Information (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Name and Address Ron Russell [REDACTED]</p> <p>B. Daytime Telephone Number [REDACTED]</p> <p>C. Pilot Certificate No. (or enter "MILITARY") 1799337</p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input checked="" type="checkbox"/> Other, Specify USSS</p>
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<p>4. Aircraft Information (complete or mark box): <input type="checkbox"/> All Information Unknown</p> <p>A. Registration (N) Number N500XY</p> <p>B. Flight Number or Call Sign (if applicable)</p> <p>C. Make Hawker</p> <p>D. Model H25</p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> U.S. Air Carrier (14CFR 121 or 125)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129)</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135)</p> <p>E. <input checked="" type="checkbox"/> General Aviation (14 CFR 91)</p> <p>F. <input type="checkbox"/> Public (governmental)</p> <p>G. <input checked="" type="checkbox"/> U.S. Military</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi</p> <p>B. <input type="checkbox"/> Takeoff</p> <p>C. <input checked="" type="checkbox"/> Climb</p> <p>D. <input type="checkbox"/> Level Flight or Cruise</p> <p>E. <input checked="" type="checkbox"/> Turning or Maneuvering</p> <p>F. <input type="checkbox"/> Descent</p> <p>G. <input type="checkbox"/> Approach</p> <p>H. <input type="checkbox"/> Landing</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify</p>
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<p>8. Number of Aircraft Involved (provide data on any aircraft not listed in item 4):</p> <p>A. <input checked="" type="checkbox"/> One</p> <p>B. <input type="checkbox"/> Two</p> <p>C. <input type="checkbox"/> Three</p> <p>D. <input type="checkbox"/> Four or More</p> <p>E. <input type="checkbox"/> Unknown</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Aircraft N No.</td> <td style="border: none;">Flight No. or Call Sign (if applicable)</td> <td style="border: none;">Make</td> <td style="border: none;">Model</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model					<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete items 15 to 33)</p>
Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model						

<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location:</p> <p style="text-align: center;">-ID-</p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 feet</p> <p>B. <input type="checkbox"/> 100-499 feet</p> <p>C. <input type="checkbox"/> 500-1,000 feet</p> <p>D. <input type="checkbox"/> Over 1,000 feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>C. <input type="checkbox"/> Entry or Downwind Leg</p> <p>D. <input type="checkbox"/> Base Leg</p> <p>E. <input type="checkbox"/> Final Approach</p> <p>F. <input checked="" type="checkbox"/> Departure Leg or Exit</p> <p>G. <input type="checkbox"/> Not in Traffic Pattern</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p> <p style="text-align: center;"><i>If Surface Deviation Only, Skip to Item 27</i></p>
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<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>2,000</u> Feet msl B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting B. <input type="checkbox"/> Operating, Without Altitude Reporting C. <input type="checkbox"/> Not Functioning (broken or off) D. <input type="checkbox"/> No Transponder E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown B. If Yes, Was TCAS Operating During Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown C. If Yes, Was TCAS Involved in Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown D. If Yes, Describe Involvement: _____ _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <u>DCA</u> VOR, TACAN or NDB ID B. _____ Airport ID C. _____ Airway Intersection ID D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19 (complete A&B or C&D):</p> <p>A. <u>005</u> Miles (nautical) B. <u>350</u> Degrees (magnetic) For Oceanic Airspace and Area Navigation Only C. _____ NORTH Latitude D. _____ WEST Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input type="checkbox"/> Class G Airspace G. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u> <u>P56B</u> H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC B. <u>DCA</u> TRACON C. _____ RAPCON, RATCF, or ARAC D. <u>DCA</u> ATCT</p>	<p>E. _____ AFSS or FSS F. <input checked="" type="checkbox"/> None G. <input type="checkbox"/> Unknown H. <input type="checkbox"/> Other, Specify _____</p>	<p>H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation B. <input checked="" type="checkbox"/> ATC Course Clearance Deviation C. <input type="checkbox"/> Airspeed Clearance Violation D. <input checked="" type="checkbox"/> Airspace Clearance Violation E. <input type="checkbox"/> Flying VFR when IFR Required F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions G. <input type="checkbox"/> Required Aircraft Equipment Not Operating H. <input type="checkbox"/> Careless or Reckless Aircraft Operation I. <input type="checkbox"/> Unauthorized Low Level Flying J. <input type="checkbox"/> Missed Compulsory Reporting Point K. <input type="checkbox"/> Noncompliance with Other Regulations [specify FAR number(s)]: (1) <u>91.133</u> (a) (2) <u>91.129</u> (c)</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A, P56B</u> G. <input type="checkbox"/> None H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Proximity Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____ B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____ C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____ D. <input type="checkbox"/> Other (including TCAS), Specify _____ E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p>N500XY requested an IFR clearance from DCA Clearance Delivery (CD). The CD specialist issued a clearance which included "depart NW via noise abatement, P56 avoidance procedures". The pilot read back the clearance and asked specifically about the noise abatement, P56 portion of the clearance. The specialist gave a brief description of the procedure. N500XY was taxied to RWY1 and cleared for take off. The Local Control specialist advised N500XY to turn left and stay over the river, and instructed</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEA-T-DCA-00-005

28. Brief Description of Deviation and Comments (continued):

the pilot to contact departure. The aircraft flew through both P56A and P56B.

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box): No Attachments


30. Reporting Office:

A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:

Thomas R. Ficklen

32. Facility Manager Approving Form:

A. Signature 
 B. Name Lawrence L. Bicknell, Manager
Washington National ATCT
 C. Date February 23, 2000

33. Report Distributed to:

A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest	WP - Western-

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO or
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

AFSS	-	Automated Flight Service Station
ARAC	-	Army Radar Approach Control
ARTCC	-	Air Route Traffic Control Center
ATCT	-	Air Traffic Control Tower
CFR	-	Code of Federal Regulations
FAR	-	Federal Aviation Regulations
FSDO	-	Flight Standards District Office
FSS	-	Flight Service Station
GPS	-	Global Positioning System
msl	-	Mean Sea Level
NDB	-	Nondirectional Beacon
RAPCON	-	Radar Approach Control
RATCF	-	Radar Air Traffic Control Facility
TACAN	-	Tactical Air Navigation
TCAS	-	Traffic Alert and Collision Avoidance System
TRACON	-	Terminal Radar Approach Control
VOR	-	Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0 6

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)

0 2 | 2 7 | 0 0
M M D D Y Y

B. UTC Time

1 5 2 0

C. Local Time

1 0 2 0

D. Nearest City or Town and State

WASHINGTON, DC

2. Pilot Information:

A. Name and Address

JOHN SWINT

Name (first, middle, last)

Address

City

State or Country

ZIP

B. Home Base

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

2 6 8 5 0 4 4 0 7

E. Date of Birth

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft

5 1 0 0 hours

B. Total, Make & Model in

1 0 0 0 hours

C. Last 90 Days, All Aircraft

2 5 0 hours

D. Last 90 Days, Make & Model in Deviation

2 5 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)

hours

F. Flight Time, Last 24 Hours

6 0 hours

G. Flight Time, Leg At Time of Deviation

hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | (5) <input type="checkbox"/> Self Certification | (8) <input type="checkbox"/> None Required, Specify Reason <u>APR 0 5 2000</u> |

C. Date of Last Medical

1 1 | 1 2 | 9 9
M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|---|--|--|----------------------------|
| A. Flight Review
_____ | D. Simulator
_____ | G. Airline Transport Pilot Flight Test
_____ | I. Other, Specify
_____ |
| B. Proficiency
_____ | E. Route Check
_____ | H. Flight Test (private, commercial, or flight instruction)
_____ | |
| C. Competency Flight
0 7 2 4 9 9 | F. Instrument Currency or Instrument Rating Flight Test
1 2 0 1 9 9 | | |

9. Aircraft Information:

A. Registration (N) No. [N, 3, 9, 8, 0, 1, S]

B. Flight No. or Call Sign (if applicable)

ECA398

C. Make

CESSNA

D. Model

560

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

EXECUTIVE JET AVIATION

Full Name

625 N. HAMILTON ROAD

Address

COLUMBUS, OH 43219

City

State or Country

ZIP

B. Telephone Number

[6, 1, 4] - [2, 3, 9] - [5, 5, 0, 0]

C. Certificate Number

[D, X, T, A, 4, 0, 1, D]

12. Flight Information:

A. Departure Airport ID

[D, C, A]

B. Destination Airport ID

[H, X, D]

C. Local Flight:

- (1) Yes
- (2) No
- (3) Unknown

D. First Flight of Day for Pilot:

- (1) Yes
- (2) No
- (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify CONTRIBUTING
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 0 | 6

18. Description of Deviation and Comments with Recommendations, if any:

MR. JOHN SWINT, PILOT IN COMMAND OF EJA398 DEPARTED RUNWAY 1 AT DCA, AND WAS ISSUED A LEFT TURN TO JOIN THE DCA328R FOR NOISE ABATEMENT AND TO AVOID P56. THE AIRCRAFT WAS LATE TO MAKE THE TURN AND ENTERED P56A AND P56B. THE PILOT STATED THAT THE WEATHER AND DEPARTING PROCEDURE WAS CONTRIBUTING FACTORS.

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
| 0 | 0 | E | A | 2 | 7 | 0 | 0 | 5 | 8 |
- B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):


- A. | 0 | 9 | 1 | • | | 1 | 3 | 3 | (| a |)
- B. | | | | • | | | | | (| |)
- C. | | | | • | | | | | (| |)
- D. | | | | • | | | | | (| |)
- E. No EIR

23. Investigating Flight Standards Office:

- A. | A | E | A | FAA Region
- B. | 2 | 7 | ID (e.g., 25)

C. | 7 | 0 | 3 | - | | 6 | 6 | 1 | - | | 8 | 1 | 6 | 0 | Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name ROBERT G. MORRIS
Type or Print
- C. Date | 0 | 3 | 2 | 2 | 0 | 0 |
M M D D Y Y

25. Report Distributed to:

- A. ~~AEA-100~~ ASY-100
- B. Others, Specify AEA-230, AEA-500, DCA ATCT

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

PEA-T-DCA-00-006

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

1. Date, Time and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
02/27/00

B. UTC Time 1520

C. Local Time 1020

D. Nearest City or Town and State
Washington DC

2. Pilot Information (complete or mark box) All Information Unknown

A. Name and Address
John Swint
[REDACTED]

B. Daytime Telephone Number [REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")
268504407

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration (N) Number

B. Flight Number or Call Sign (if applicable) EJA398

C. Make Cessna

D. Model 560

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. U.S. Military Service

H. Unknown

I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify

8. Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

A. One

B. Two

C. Three

D. Four or More

E. Unknown

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location:

-ID-

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 feet

B. 100-499 feet

C. 500-1,000 feet

D. Over 1,000 feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry or Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. 1,500 Feet msl B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting B. <input type="checkbox"/> Operating, Without Altitude Reporting C. <input type="checkbox"/> Not Functioning (broken or off) D. <input type="checkbox"/> No Transponder E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown B. If Yes, Was TCAS Operating During Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown C. If Yes, Was TCAS Involved in Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. DCA VOR, TACAN or NDB ID B. _____ Airport ID C. _____ Airway Intersection ID D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location In Respect to Item 19 (complete A&B or C&D):</p> <p>A. 003 Miles (nautical) B. 000 Degrees (magnetic) For Oceanic Airspace and Area Navigation Only C. _____ NORTH Latitude D. _____ WEST Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input type="checkbox"/> Class G Airspace G. <input checked="" type="checkbox"/> Special Use Airspace, Specify P56A, P56B H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <input checked="" type="checkbox"/> ARTCC B. <input checked="" type="checkbox"/> TRACON C. _____ RAPCON, RATCF, or ARAC D. DCA ATCT E. <input type="checkbox"/> None F. <input checked="" type="checkbox"/> AFSS or FSS G. <input type="checkbox"/> Unknown H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation B. <input checked="" type="checkbox"/> ATC Course Clearance Deviation C. <input type="checkbox"/> Airspeed Clearance Violation D. <input checked="" type="checkbox"/> Airspace Clearance Violation E. <input type="checkbox"/> Flying VFR when IFR Required F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions G. <input type="checkbox"/> Required Aircraft Equipment Not Operating H. <input type="checkbox"/> Careless or Reckless Aircraft Operation I. <input type="checkbox"/> Unauthorized Low Level Flying J. <input type="checkbox"/> Missed Compulsory Reporting Point K. <input type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)): (1) 91.133 (a) (2) 91.123 (a)</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input checked="" type="checkbox"/> Special Use Airspace, Specify P56A, P56B G. <input type="checkbox"/> None H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Proximity Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____ B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____ C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____ D. <input type="checkbox"/> Other (including TCAS), Specify _____ E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p>EJA398 departed RWY1 and was issued a left turn to join the DCA328R for noise abatement and to avoid P56. The aircraft was late to make the turn and entered P56A and P56B. The pilot stated that weather was a factor with DCA active runway being RWY 1 and winds two-one-zero at one-zero.</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEA-T-DCA-00-006

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box): No Attachments


30. Reporting Office:

A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:

Thomas R. Ficklen

32. Facility Manager Approving Form:

A. Signature 
 B. Name Lawrence L. Bicknell, Manager
Washington National ATCT
 C. Date February 28, 2000

33. Report Distributed to:

A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest	WP - Western

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO or
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 0 8

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 4 1 2 0 0
 M M D D Y Y

B. UTC Time
1 0 2 4

C. Local Time
0 6 2 4

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address

MARIANNE BUCKLEY
 Name (first, middle, last)

 Address

 City State or Country ZIP

B. Home Base

FRIENDLY, MD

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

2 2 0 9 2 1 1 4 2

E. Date of Birth

_____ M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
3 0 6 0 hours

B. Total, Make & Model in Deviation
1 7 5 hours

C. Last 90 Days, All Aircraft
9 0 hours

D. Last 90 Days, Make & Model in Deviation
3 hours

E. Duty Time, Last 24 Hours (includes item 3F)
2 hours

F. Flight Time, Last 24 Hours
2 hours

G. Flight Time, Leg At Time of Deviation
5 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|--|---|--|
| (1) <input type="checkbox"/> Student | (5) <input type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input checked="" type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input checked="" type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|--|---|--|
| (1) <input type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input checked="" type="checkbox"/> Second Class | | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | (5) <input type="checkbox"/> Self Certification | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical 0 8 0 3 9 9
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input checked="" type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input checked="" type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <u>0</u> <u>1</u> <u>9</u> <u>9</u>	D. Simulator _____	G. Airline Transport Pilot Flight Test _____	I. Other, Specify _____
B. Proficiency _____	E. Route Check _____	H. Flight Test (private, commercial, or flight instructor) _____	
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____		

9. Aircraft Information :

A. Registration (N) No. N 7 3 7 N F

B. Flight No. or Call Sign (if applicable)
7NF

C. Make CESSNA D. Model 172

E. Aircraft Type (mark one):

- (1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea _____
 (4) Multiengine Sea _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 125)
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____ State or Country _____ ZIP _____

B. Telephone Number _____ C. Certificate Number _____

12. Flight Information :

A. Departure Airport ID
W 3 2

B. Destination Airport ID
W 3 2

C. Local Flight :

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot :

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify _____
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology or Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
 B. Distracted, Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions, Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate.

4. N737NF is correct N number.

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 0 | 0 | 0

18. Description of Deviation and Comments with Recommendations, if any:

PILOT INADVERTENTLY FLEW THROUGH P-56B.

19. Attachment(s):

- A. FAA Form 8020-17
 B. Others, Specify _____

20. Related Reports:

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. 0,0, E, A, 2, 7, 0, 0, 6, 3
 B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 9,1, 1,3,3 (a)
 B. _____ (_____)
 C. _____ (_____)
 D. _____ (_____)
 E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
 B. 2, 7 ID (e.g., 25)
 C. 17, 0, 3 - 16, 6, 1 - 18, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature Mary Pat Baxter
 B. Name MARY PAT BAXTER
Type or Print
 C. Date 10, 4, 2, 5, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ~~ASY-100~~
 B. Others, Specify DCA ATCT, AEA 230,
AEA 500, file copy

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in Item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide comments in Item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

PEATDCA 00009

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
04 11 20 00

B. UTC Time
10 24

C. Local Time
06 24

D. Nearest City or Town and State
Wash, DC

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
Marianne Buckley
Name (Last, First, MI)
Address
City State Zip

B. Daytime Telephone Number
____-____-____

C. Pilot Certificate No. (or enter "MILITARY")
____-____-____

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, Including Pilots
F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
N 171MF

B. Flight No. or Call Sign (if applicable)

C. Make CBSNA

D. Model _____

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125) F. Public (governmental)
B. Foreign Air Carrier (14 CFR 129) G. US Military, Specify Service _____
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 135) H. Unknown
E. General Aviation (14 CFR 91) I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi E. Turning or Maneuvering I. Unknown
B. Takeoff F. Descent J. Other, Specify _____
C. Climb G. Approach
D. Level Flight or Cruise H. Landing

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. One Aircraft N No. _____ Flight No. or Call Sign (if applicable) _____ Make _____ Model _____
B. Two F _____
C. Three G _____
D. Four or More H _____
E. Unknown I _____

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)
B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet
B. 100 - 499 Feet
C. 500 - 1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind
B. Crosswind
C. Entry of Downwind, Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1,400</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement:</p>
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<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>DCA</u> VOR, TACAN, or NDB ID</p> <p>B. <input type="checkbox"/> Airport ID</p> <p>C. <input type="checkbox"/> Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0.4</u> Miles (nautical)</p> <p>B. <u>345</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. <input type="checkbox"/> Latitude</p> <p>D. <input type="checkbox"/> Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify _____</p>
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<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <input type="checkbox"/> ARTCC</p> <p>B. <input type="checkbox"/> TRACON</p> <p>C. <input type="checkbox"/> RAPCON, RATCF or ARAC</p> <p>D. <u>DCA</u> ATCT</p> <p>E. <input type="checkbox"/> AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>	<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number[s]):</p> <p>(1) _____ (2) _____</p>
--	--

<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56</u></p>
--

<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. <input type="checkbox"/> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <input type="checkbox"/> Feet, Horizontal</p> <p>or <input type="checkbox"/> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. <input type="checkbox"/> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <input type="checkbox"/> Feet, Horizontal</p> <p>or <input type="checkbox"/> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. <input type="checkbox"/> Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>
--	---

<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>
--

28. Brief Description of Deviation and Comments (comments optional):

N7NF, a traffic cessna, was flying around the class B airspace VFR. N7NF requested to go from the Marmon Temple to Springfield. Subsequently the controller observed the A/c approaching P56B and attempted to turn the A/c to avoid it, but the A/c entered P56B.

PRELIMINARY PILOT DEVIATION REPORT (Continued)	Incident Report Number P E A T D C A 9 5 0
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28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 7 - 4 1 7 - 1 5 3 0 Telephone No.

31. Name of Individual Completing Form:

Type or Firm

32. Facility Manager Approving Form:

A. Signature _____

B. Name _____
Type or Firm

C. Date

M	M	D	D	Y	Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., Q26. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|---|--|
| AFSS
ARAC
ARTCC
ATCT
CFR
FAR
FSDO
FSS
GPS
msl
NDB
RAPCON
RATCF
TACAN
TCAS
TRACON
VOR
Station | <ul style="list-style-type: none"> - Automated Flight Service Station - Army Radar Approach Control - Air Route Traffic Control Center - Air Traffic Control Tower - Code of Federal Regulations - Federal Aviation Regulations - Flight Standards District Office - Flight Service Station - Global Positioning System - Mean Sea Level - Nondirectional Beacon - Radar Approach Control - Radar Air Traffic Control Facility - Tactical Air Navigation - Traffic Alert and Collision Avoidance System - Terminal Radar Approach Control - Very High Frequency Omnidirectional Range |
|---|--|

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 1 2

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 0 6 0 1 0 0
 M M D D Y Y

B. UTC Time
 1 4 5 2

C. Local Time
 1 0 5 2

D. Nearest City or Town and State
 WASHINGTON, DC

2. Pilot Information:

A. Name and Address
 BRANDEN POLESKI
 Name (first, middle, last)

Address
 City State or Country ZIP

B. Home Base

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
 4 4 3 6 6 0 7 7 1

E. Date of Birth
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 2 6 0 0 hours

B. Total, Make & Model in
 5 0 0 hours

C. Last 90 Days, All Aircraft
 1 2 0 hours

D. Last 90 Days, Make & Model in Deviation
 3 7 hours

E. Duty Time, Last 24 Hours (includes item 3F)
 hours

F. Flight Time, Last 24 Hours
 5 hours

G. Flight Time, Leg At Time of Deviation
 0 1 0 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- (1) Student
- (2) Recreational
- (3) Private
- (4) Commercial
- (5) Airline Transport
- (6) Flight Instructor
- (7) Military
- (8) Foreign Pilot
- (9) None
- (10) Unknown
- (11) Other, Specify

B. Medical Certificate(s) (mark appropriate boxes):

- (1) First Class
- (2) Second Class
- (3) Third Class
- (4) Special Issuance, Specify Type
- (5) Self Certification
- (6) Out of Date
- (7) Unknown
- (8) None Required, Specify Reason

C. Date of Last Medical
 0 2 0 1 0 0
 M M D D Y Y

AUG 07 2000

5. Pilot Rating(s) (mark appropriate boxes):

- A. Single Engine Land
- B. Multiengine Land
- C. Single Engine Sea
- D. Multiengine Sea
- E. Rotorcraft
- F. Glider
- G. Lighter-than-air
- H. None
- I. Unknown
- J. Other, Specify

6. Pilot Instrument Rating (mark one):

- A. Current
- B. Not Current
- C. None
- D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
- B. None
- C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- A. Flight Review
- B. Proficiency
- C. Competency Flight
- D. Simulator
- E. Route Check
- F. Instrument Currency or Instrument Rating Flight Test
- G. Airline Transport Pilot Flight Test
- H. Flight Test (private, commercial, or flight instruction)
- I. Other, Specify

AEA-230- JUN 19 2000

9. Aircraft Information:

A. Registration (N) No. N 5 1 1 W V

B. Flight No. or Call Sign (if applicable)

C. Make

CESSNA

D. Model

560

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

CIN-AIR LIMITED

Full Name

400 WILMER AVE.

Address

CINCINNATI

OH

City

State or Country

ZIP

B. Telephone Number

5 1 3 - 3 2 1 - 7 1 4 2

C. Certificate Number

C Y W A 8 9 9 B

12. Flight Information:

A. Departure Airport ID

K J U K

B. Destination Airport ID

K D C A

C. Local Flight:

- (1) Yes
- (2) No
- (3) Unknown

D. First Flight of Day for Pilot:

- (1) Yes
- (2) No
- (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

#5. FLIGHT WAS AIR TAXI PART 135.

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 1 2

18. Description of Deviation and Comments with Recommendations, if any:

N511WV WAS CLEARED FOR A RIVER VISUAL APPROACH TO RWY 19 PILOT ACKNOWLEDGED CLEARANCE AND WAS INSTRUCTED TO CONTACT TOWER. UPON INITIAL CONTACT, THE CONTROLLER CLEARED N511WV TO LAND ON RWY 19. WHEN CONTROLLER'S ATTENTION RETURNED TO N511WV, THE AIRCRAFT WAS ON A HEADING THAT WOULD ENTER P56. THE CONTROLLER ISSUED A HEADING TO AVOID P56 BUT THE INSTRUCTIONS WERE NOT IN TIME AND N511WV ENTERED P56A.

19. Attachment(s) :

- A. FAA Form 8020-17
B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
B. Other, Specify _____
C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0, 0, E, A, 2, 7, 0, 0, 7, 7
B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. 0, 9, 1 • 1, 3, 3 (A)
B. _____ • _____ (_____)
C. _____ • _____ (_____)
D. _____ • _____ (_____)
E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
B. 2, 7 ID (e.g., 25)
C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
B. Name ROBERT G. MORRIS
Type or Print
C. Date 0, 6, 1, 4, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
B. Others, Specify AEA-230, AEA-500, DCA ATCT,
OFFICE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

N. 01' 00 (THU) 13:02 DCA TOWER

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number
PEATDCA 000112

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
06/01/00

B. UTC Time
1145Z

C. Local Time
1105Z

D. Nearest City or Town and State
DCA

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
BRANDEN POLASKI
[REDACTED]
[REDACTED]
[REDACTED] State Zip

B. Daytime Telephone Number
[REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")
4413166107711

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
N5711WV

B. Flight No. or Call Sign (if applicable)

C. Make
CESSNA

D. Model
570

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One	F		
B. <input type="checkbox"/> Two	G		
C. <input type="checkbox"/> Three	H		
D. <input type="checkbox"/> Four or More	I		
E. <input type="checkbox"/> Unknown	L		

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

Surface Deviation Only, Skip to item 27

ADT - 200

ATX - 400

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

JUN. -01' 00 (THU) 13:02 DCA TOWER

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>11,800</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement:</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>DCA</u> VOR, TACAN, or NDB ID</p> <p>B. <u> </u> Airport ID</p> <p>C. <u> </u> Airway Intersection ID</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0.04</u> Miles (nautical)</p> <p>B. <u>3150</u> Degrees (magnetic)</p> <p>E. <u> </u> For Class A Airspace and Area Navigation Only</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p>

JUN. -01' 00 (THU) 13:03 DCA TOWER

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 9 9 0 1 2

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. Location ID

C. Telephone No.

31. Name of Individual Completing Form:

Type or Print

32. Facility Manager Approving Form:

A. Signature _____

B. Name Lawrence L Bicknell
Type or Print

C. Date
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|------------------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central Southwest | NE - New England | SW - |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6); e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|-------------|--|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR Station | - Very High Frequency Omnidirectional Range |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P
E A T D C A 0 0 0 1 3

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

JUL 13 2000
AEA-230

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 6 | 0 | 8 | 0 | 0]
 M M D D Y Y

B. UTC Time
 [2 | 2 | 0 | 0]

C. Local Time
 [1 | 8 | 0 | 0]

D. Nearest City or Town and State
WASHINGTON D.C.

2. Pilot Information:

A. Name and Address
RONALD PACH
 Name (first, middle, last)

 Address

 City State or Country ZIP

B. Home Base
nEW YORK CITY

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
0 0 1 6 7 3 3 8 4

E. Date of Birth

 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
1 9 8 0 0 hours

B. Total, Make & Model in
1 8 2 0 0 hours

C. Last 90 Days, All Aircraft
2 0 0 hours

D. Last 90 Days, Make & Model in Deviation
2 0 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
1 0 hours

F. Flight Time, Last 24 Hours
5 hours

G. Flight Time, Leg At Time of Deviation
0 1 . 3 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class	(5) <input type="checkbox"/> Self Certification	(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class		(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical 0 2 1 0 0 0
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review _____	D. Simulator <u>0 5 1 5 9 9</u>	G. Airline Transport Pilot Flight Test _____	I. Other, Specify _____
B. Proficiency _____	E. Route Check _____	H. Flight Test (private, commercial, or flight instruction) _____	_____
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____	_____	_____

9. Aircraft Information:

A. Registration (N) No. _____

B. Flight No. or Call Sign (if applicable)

DAL 2273

C. Make

BOEING

D. Model

B-727

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____ State or Country _____ ZIP _____

B. Telephone Number _____

C. Certificate Number _____

12. Flight Information:

A. Departure Airport ID

KJBOIS

B. Destination Airport ID

KIDICA

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate.

PRELIMINARY PILOT DEVIATION REPORT

608

Incident Report Number
PEATDCA 000113

Complete and distribute according to instructions on page 3. Complete items 1 to 8 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
060800
M R D D Y Y

B. UTC Time
2200

C. Local Time
1800

D. Nearest City or Town and State
WASHINGTON DC

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
Name (Last, Initial, First)
Address
City State Zip

B. Daytime Telephone Number
____-____-____

C. Pilot Certificate No. (or enter "MILITARY")

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or PSS

E. Public, including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)

B. Flight No. or Call Sign (if applicable) DAL 2273

C. Make Boeing

D. Model 727Q

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125) F. Public (governmental)

B. Foreign Air Carrier (14 CFR 129) G. US Military, Specify Service _____

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135) H. Unknown

E. General Aviation (14 CFR 91) I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi E. Turning or Maneuvering

B. Takeoff F. Descent

C. Climb G. Approach

D. Level Flight or Cruise H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. One Aircraft N No. _____ Flight No. or Call Sign (if applicable) DAL 2273 Make Boeing Model 727Q

B. Two F. _____

C. Three G. _____

D. Four or More H. _____

E. Unknown I. _____

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

cc: AAT-200
ATX-400
NTSB
MS

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected</p> <p>A. <u>6,600</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement:</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>DCA</u> VOR, TACAN, or NDB ID</p> <p>B. <u>KDCA</u> Airport ID</p> <p>C. <u> </u> Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0.4</u> Miles (nautical)</p> <p>B. <u>0310</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. <u> </u> <u> </u> Latitude</p> <p>D. <u> </u> <u> </u> Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify <u> </u></p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <u> </u> ARTCC</p> <p>B. <u>DCA</u> TRACON</p> <p>C. <u> </u> RAPCON, RATCF or ARAC</p> <p>D. <u> </u> ATCT</p>	<p>E. <u> </u> AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify <u> </u></p>	<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify <u> </u></p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input checked="" type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):</p> <p>(1) <u> </u> (2) <u> </u></p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify <u> </u></p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>Prohibited Airspace P56A</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. <u> </u> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u> Feet, Horizontal</p> <p>or <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. <u> </u> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u> Feet, Horizontal</p> <p>or <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. <u> </u> Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-1), Specify No(s) <u> </u></p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-2), Specify No(s) <u> </u></p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2-1), Specify No(s) <u> </u></p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify <u> </u></p> <p>E. <input type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>DAL 2273 INBOUND FROM TRIT INTERSECTION DIRECT DCA, AROUND ADW DAL 2273 IS ISSUED A 320 HOLDING FOR THE DOWNWIND, DAL 2273 ASKS FOR TURN. AS AIRCRAFT APPROACHES AT CONTROL ISSUES ANOTHER TURN TO 360 THEN TO 020. PILOT ACKNOWLEDGES, USSS ADVISED DAL 2273 POSITIONED P56A.</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 1 3

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. DCA Location ID

C. 703-413-1530 Telephone No.

31. Name of Individual Completing Form:

Shawn C. Thompson
Type or Print

32. Facility Manager Approving Form:

A. Signature _____

B. Name Lawrence Bicknell
Type or Print

C. Date / /
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 27

B. Other, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 5, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | NM - Northwest | WP - Western-Pacific |
| EA - Eastern | Mountain | |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7360.8), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 1 4

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in Item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 0 6 | 1 1 | 0 0
 M M D D Y Y

B. UTC Time
 1 7 | 3 3

C. Local Time
 1 3 | 5 3

D. Nearest City or Town and State
Washington, DC

2. Pilot Information:

A. Name and Address
Doulass G. Burger
 Name (first, middle, last)

 Address

 City State or Country ZIP

B. Home Base

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
3 5 2 3 4 3 0 4 8

E. Date of Birth

 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
5 8 0 hours

B. Total, Make & Model in Deviation
2 0 hours

C. Last 90 Days, All Aircraft
2 0 hours

D. Last 90 Days, Make & Model in Deviation
6 hours

E. Duty Time, Last 24 Hours (includes Item 3F)
 hours

F. Flight Time, Last 24 Hours
 hours

G. Flight Time, Leg At Time of Deviation
 . 6 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input checked="" type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input checked="" type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical 0 4 | 2 1 | 0 0
 M M D D Y Y

ABLE TO READ

5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <u>0 4 2 3 0 0</u>	D. Simulator _____	G. Airline Transport Pilot Flight Test _____	I. Other, Specify _____
B. Proficiency _____	E. Route Check _____	H. Flight Test (private, commercial, or flight instructor) _____	
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____		

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FAA-930-

9. Aircraft Information:

A. Registration (N) No.

N 1 1 1 J H

B. Flight No. or Call Sign (if applicable)

C. Make
Beech

D. Model
BE-45-D45

E. Aircraft Type (mark one):

(1) Single Engine Land (5) Rotorcraft

(2) Multiengine Land (6) Other, Specify

(3) Single Engine Sea

(4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. U.S. Military, Specify Service

H. Unknown

I. Other, Specify

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Department of the Navy

Full Name

3090 Solomons Island Rd.

Address

Edgewater

MD

21037

City

State or Country

ZIP

B. Telephone Number

4 1 0 - 9 5 6 - 8 7 5 1

C. Certificate Number

12. Flight Information:

A. Departure Airport ID

A N P

B. Destination Airport ID

B J J

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data

B. Avoidance of Weather

C. Flying Visual Flight Rules (VFR) in Instrument Conditions

D. Unknown

E. Other, Specify

F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication

B. Transponder

C. Navigation, Excluding Autopilot

D. Autopilot

E. Altimeter

F. Unknown

G. Other, Specify GPS stopped updating

H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft

B. Avionics

C. ATC Procedures

D. ATC Terminology or Phraseology

E. English Language

F. Flight Planning

G. Crew Coordination

H. Weather

I. Airport

J. Current Charts and Approach Plates

K. Unknown

L. Other, Specify

M. Field of View

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked

B. Distracted, Specify

C. Fatigued

D. Actively Scanning

E. Not Actively Scanning

F. Unable to Locate Traffic, Even With Traffic Advisory

G. Disoriented or Lost

H. Sick, Specify

I. Not Following ATC Instructions, Specify

J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization

K. Operating With Transponder Off

L. Responding to TCAS Resolution Advisory

M. Unknown

N. Other, Specify

O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate.

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 1 | 4

18. Description of Deviation and Comments with Recommendations, if any:

An unidentified aircraft, squawking 1200, indicating 2600 feet, was observed on radar 5 NM North of DCA inside Class B airspace. The aircraft during conversation with IAD Approach was identified as N111JH piloted by Douglass Burger. N111JH also entered P56B and then continued out of DCA Class B airspace after receiving vectors from IAD Approach.

19. Attachment(s):

- A. FAA Form 8020-17
- B. Others, Specify _____

20. Related Reports:

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. 0, 0, E, A, 2, 7, 0, 0, 7, 9
- B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 0, 9, 1 . 1, 3, 1 (a) 1
- B. 0, 9, 1 . 1, 3, 3 (a)
- C. _____ . _____ (_____)
- D. _____ . _____ (_____)
- E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
- B. 2, 7 ID (e.g., 25)
- C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature Robert G. Morris
- B. Name Robert G. Morris
Type or Print
- C. Date 0, 6, 2, 7, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ~~ATX-400~~ ATX-400
- B. Others, Specify AEA-500, AEA-230, DCA ATCT, Office

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 30 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in Item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide comments in Item 18, not the margins. Sign and date the form (Item 24) before distribution.

[Handwritten signature]

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

PEA-T-DCA-00-014

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

1. Date, Time and Location of Deviation:

- A. Date (Coordinated Universal Time - UTC)
06/11/00
- B. UTC Time **1733**
- C. Local Time **1353**
- D. Nearest City or Town and State
Washington DC

2. Pilot Information (complete or mark box) All Information Unknown

A. Name and Address
Douglas Burger

[Redacted]

[Redacted]

B. Daytime Telephone Number [Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
352343048

3. Deviation First Detected by (mark one):

- A. Error Detection Program (EDP)
- B. Radar Observation (excludes EDP)
- C. Visual Observation (tower)
- D. AFSS or FSS
- E. Public, Including Pilots
- F. Other, Specify

4. Aircraft Information (complete or mark box): All Information Unknown

- A. Registration (N) Number
N111JH
- B. Flight Number or Call Sign (if applicable)
- C. Make **Beechcraft**
- D. Model **T34**

5. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14CFR 121 or 125)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Service
- H. Unknown
- I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
- B. Visual Flight Rules (VFR)
- C. Special VFR
- D. Defense VFR
- E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
- B. Takeoff
- C. Climb
- D. Level Flight or Cruise
- E. Turning or Maneuvering
- F. Descent
- G. Approach
- H. Landing
- I. Unknown
- J. Other, Specify

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8. Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

- A. One
 - B. Two
 - C. Three
 - D. Four or More
 - E. Unknown
- | Aircraft N No. | Flight No. or Call Sign (if applicable) | Make | Model |
|----------------|---|------|-------|
| F. | | | |
| G. | | | |
| H. | | | |
| I. | | | |

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete items 10 to 14 and 27 to 33)
- B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
- B. Nonoperating Control Tower
- C. None, Nontowered Public Airport
- D. None, Private Airport
- E. Unknown

11. Airport ID at Surface Deviation Location:

-ID-

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
- B. Takeoff on Wrong Runway or Taxiway
- C. Landed Without Clearance
- D. Landed or Takeoff Below Weather Minimums
- E. Landed on Wrong Runway, Taxiway, or Airport
- F. Entered Runway or Taxiway Without Clearance
- G. Careless or Reckless Aircraft Operation
- H. Did Not Close Flight Plan
- I. Other, Specify

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
- B. Personnel
- C. Another Aircraft, on Ground
- D. Another Aircraft, in Air
- E. Obstruction
- F. Not Applicable
- G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 feet
- B. 100-499 feet
- C. 500-1,000 feet
- D. Over 1,000 feet
- E. Not Applicable
- F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
- B. Crosswind
- C. Entry or Downwind Leg
- D. Base Leg
- E. Final Approach
- F. Departure Leg or Exit
- G. Not in Traffic Pattern
- H. Unknown
- I. Other, Specify

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>2,700</u> Feet msl B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one) :</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting B. <input type="checkbox"/> Operating, Without Altitude Reporting C. <input type="checkbox"/> Not Functioning (broken or off) D. <input type="checkbox"/> No Transponder E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS? :</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown B. If Yes, Was TCAS Operating During Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown C. If Yes, Was TCAS Involved in Deviation? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown D. If Yes, Describe Involvement: _____ _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <u>DCA</u> VOR, TACAN or NDB ID B. _____ Airport ID C. _____ Airway Intersection ID D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19 (complete A&B or C&D):</p> <p>A. <u>360</u> Miles (nautical) B. <u>004</u> Degrees (magnetic) For Oceanic Airspace and Area Navigation Only C. ___ ° ___ ' NORTH Latitude D. ___ ° ___ ' WEST Longitude</p>	<p>21. Operational Control Area of Aircraft (mark a maximum of three) :</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input checked="" type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input type="checkbox"/> Class G Airspace G. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56B</u> _____ H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes) :</p> <p>A. _____ ARTCC B. <u>DCA</u> TRACON C. _____ RAPCON, RATCF, or ARAC D. _____ ATCT E. _____ AFSS or FSS F. <input type="checkbox"/> None G. <input type="checkbox"/> Unknown H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area I. <input type="checkbox"/> Towered Airport J. <input type="checkbox"/> Nontowered Airport K. <input type="checkbox"/> Unknown L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes) :</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation B. <input type="checkbox"/> ATC Course Clearance Deviation C. <input type="checkbox"/> Airspeed Clearance Violation D. <input checked="" type="checkbox"/> Airspace Clearance Violation E. <input type="checkbox"/> Flying VFR when IFR Required F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions G. <input type="checkbox"/> Required Aircraft Equipment Not Operating H. <input type="checkbox"/> Careless or Reckless Aircraft Operation I. <input type="checkbox"/> Unauthorized Low Level Flying J. <input type="checkbox"/> Missed Compulsory Reporting Point K. <input type="checkbox"/> Noncompliance with Other Regulations [specify FAR number(s)]: (1) <u>91 .131</u> () (2) <u>91 .133</u> ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one) :</p> <p>A. <input type="checkbox"/> Class A Airspace B. <input checked="" type="checkbox"/> Class B Airspace C. <input type="checkbox"/> Class C Airspace D. <input type="checkbox"/> Class D Airspace E. <input type="checkbox"/> Class E Airspace F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56B</u> G. <input type="checkbox"/> None H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Proximity Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation A. _____ Feet, Vertical or <input type="checkbox"/> Unknown B. _____ Feet, Horizontal or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete) :</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____ B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s). _____ C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s). _____ D. <input type="checkbox"/> Other (including TCAS), Specify _____ E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional) :</p> <p>An unidentified aircraft, squawking 1200, indicating 2600 ft, was observed on radar 5 NM North of DCA inside Class B Airspace. This same target entered P56B and continued out of Class B. The specialist started a "tag" on the target, called IAD approach and requested that IAD track the target in hopes of identifying aircraft. During this conversation with IAD the aircraft called DCA and was identified as N111JH.</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEA-T-DCA-00-014

28. Brief Description of Deviation and Comments (continued) :

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box) : No Attachments

30. Reporting Office:

A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:

Thomas R. Ficklen

32. Facility Manager Approving Form:

A. Signature James D. Slatsky
 B. Name Lawrence L. Bicknell, Manager
Washington National ATCT
 C. Date June 14, 2000

33. Report Distributed to:

A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest	WP - Western-

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO or
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

AFSS	-	Automated Flight Service Station
ARAC	-	Army Radar Approach Control
ARTCC	-	Air Route Traffic Control Center
ATCT	-	Air Traffic Control Tower
CFR	-	Code of Federal Regulations
FAR	-	Federal Aviation Regulations
FSDO	-	Flight Standards District Office
FSS	-	Flight Service Station
GPS	-	Global Positioning System
msl	-	Mean Sea Level
NDB	-	Nondirectional Beacon
RAPCON	-	Radar Approach Control
RATCF	-	Radar Air Traffic Control Facility
TACAN	-	Tactical Air Navigation
TCAS	-	Traffic Alert and Collision Avoidance System
TRACON	-	Terminal Radar Approach Control
VOR	-	Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 1 6

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in Item 17 of this form. Complete the form by hand or typewriter.

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<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time-UTC) <u>0 6 2 8 0 0</u> M M D D Y Y</p> <p>B. UTC Time <u>2 3 1 2</u></p> <p>C. Local Time <u>1 9 1 2</u></p> <p>D. Nearest City or Town and State <u>Washington, DC</u></p>	<p>2. Pilot Information:</p> <p>A. Name and Address <u>Ivan F. Wable</u> Name (first, middle, last)</p> <p><u>[REDACTED]</u> Address</p> <p><u>[REDACTED]</u> City State or Country ZIP</p> <p>B. Home Base _____</p> <p>C. Telephone Number <u>[REDACTED]</u></p> <p>D. Pilot Certificate No. (or enter "MILITARY") <u>1 7 6 7 3 6 5</u></p> <p>E. Date of Birth <u>[REDACTED]</u> M M D D Y Y</p>	<p>3. Pilot Hours (if hours unavailable, estimate):</p> <p>A. Total, All Aircraft <u>2 5 0 0 0</u> hours</p> <p>B. Total, Make & Model in Deviation <u>5 0 0</u> hours</p> <p>C. Last 90 Days, All Aircraft <u>1 0 0</u> hours</p> <p>D. Last 90 Days, Make & Model in Deviation <u>1 0 0</u> hours</p> <p>E. Duty Time, Last 24 Hours (includes item 3F) <u> </u> hours</p> <p>F. Flight Time, Last 24 Hours <u>4</u> hours</p> <p>G. Flight Time, Leg At Time of Deviation <u>2 0</u> hours</p>
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4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical 0 9 2 0 9 9
M M D D Y Y

AUG 07 2000

<p>5. Pilot Rating(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Single Engine Land</p> <p>B. <input checked="" type="checkbox"/> Multiengine Land</p> <p>C. <input checked="" type="checkbox"/> Single Engine Sea</p> <p>D. <input type="checkbox"/> Multiengine Sea</p> <p>E. <input checked="" type="checkbox"/> Rotorcraft</p> <p>F. <input checked="" type="checkbox"/> Glider</p> <p>G. <input type="checkbox"/> Lighter-than-air</p> <p>H. <input type="checkbox"/> None</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify _____</p>	<p>6. Pilot Instrument Rating (mark one):</p> <p>A. <input checked="" type="checkbox"/> Current</p> <p>B. <input type="checkbox"/> Not Current</p> <p>C. <input type="checkbox"/> None</p> <p>D. <input type="checkbox"/> Unknown</p>	<p>7. Prior Enforcement Actions Against Pilot (mark one):</p> <p>A. <input type="checkbox"/> One or More</p> <p>B. <input checked="" type="checkbox"/> None</p> <p>C. <input type="checkbox"/> Unknown</p>
---	--	---

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <u> </u>	D. Simulator <u> </u>	G. Airline Transport Pilot Flight Test <u> </u>	I. Other, Specify <u> </u>
B. Proficiency <u>1 0 0 7 9 9</u>	E. Route Check <u> </u>	H. Flight Test (private, commercial, or flight instruction) <u> </u>	
C. Competency Flight <u> </u>	F. Instrument Currency or Instrument Rating Flight Test <u> </u>		

9. Aircraft Information:

A. Registration (N) No. N 56AG

B. Flight No. or Call Sign (if applicable)

C. Make Gulfstream D. Model GA-TV-TV

E. Aircraft Type (mark one):

(1) Single Engine Land (5) Rotorcraft

(2) Multiengine Land (6) Other, Specify _____

(3) Single Engine Sea

(4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. U.S. Military, Specify Service _____

H. Unknown

I. Other, Specify _____

11. Aircraft Operator Information (complete, or mark box if General Aviation): General Aviation

A. Name and Address Park Place Entertainment

Full Name

3930 Howard Hughes Parkway

Address

Las Vegas NV 89109

City State or Country ZIP

B. Telephone Number 302 - 395 - 4855

C. Certificate Number _____

12. Flight Information:

A. Departure Airport ID DCA

B. Destination Airport ID MCI

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data

B. Avoidance of Weather

C. Flying Visual Flight Rules (VFR) in Instrument Conditions

D. Unknown

E. Other, Specify _____

F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication

B. Transponder

C. Navigation, Excluding Autopilot

D. Autopilot

E. Altimeter

F. Unknown

G. Other, Specify _____

H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft

B. Avionics

C. ATC Procedures

D. ATC Terminology or Phraseology

E. English Language

F. Preflight Planning

G. Crew Coordination

H. Weather

I. Airport

J. Current Charts and Approach Plates

K. Unknown

L. Other, Specify _____

M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked

B. Distracted, Specify _____

C. Fatigued

D. Actively Scanning

E. Not Actively Scanning

F. Unable to Locate Traffic, Even With Traffic Advisory

G. Disoriented or Lost

H. Sick, Specify _____

I. Not Following ATC Instructions, Specify _____

J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization

K. Operating With Transponder Off

L. Responding to TCAS Resolution Advisory

M. Unknown

N. Other, Specify _____

O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate.

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 1 6

18. Description of Deviation and Comments with Recommendations, if any:

Gulfstream GIV, N56AG, piloted by Mr. Ivan Wable, departed Runway 1 at DCA Washington Reagan National Airport and was instructed to join the 328 radial and contact departure. N56AG started a right turn, came back to tower frequency saying he made a mistake and flew through P56.

19. Attachment(s):

- A. FAA Form 8020-17
- B. Others, Specify _____

20. Related Reports:

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. 0, 0, E, A, 2, 7, 0, 0, 8, 3
- B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 9, 1, 1, 3, 3 (a)
- B. _____ (_____)
- C. _____ (_____)
- D. _____ (_____)
- E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
- B. 2, 7 ID (e.g., 25)
- C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature Robert G. Morris
- B. Name Robert G. Morris
Type or Print
- C. Date 10, 7, 18, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ~~KSP-105~~ ATX-400
- B. Others, Specify AEA-230, AEA-500, DCA ATCT, File

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in Item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide comments in Item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

PEATDCA00016

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
062800

B. UTC Time
2312

C. Local Time
1912

D. Nearest City or Town and State
Washington, D.C.

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address
JUAN F. WAGLE
[Redacted]
[Redacted]
[Redacted]

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
176736511

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All information Unknown

A. Registration Number (N Number)
N1516A

B. Flight No. or Call Sign (if applicable)

C. Make
Cessna

D. Model
441

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. <input checked="" type="checkbox"/> One	F. _____
B. <input type="checkbox"/> Two	G. _____
C. <input type="checkbox"/> Three	H. _____
D. <input type="checkbox"/> Four or More	I. _____
E. <input type="checkbox"/> Unknown	L. _____

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

JUN 29 2000

AA7 Ferrante 2050
ATX n17SR

16. Aircraft Altitude When Deviation Detected
A. 11,000
B. Unknown

17. Transponder (mark one)
A. Operating, With Altitude Reporting
B. Operating, Without Altitude Reporting
C. Not Functioning (broken or off)
D. No Transponder
E. Unknown

A. (1) Yes (2) No (3) Unknown
B. If Yes, Was TCAS Operating During Deviation?
(1) Yes (2) No (3) Unknown
C. If Yes, Was TCAS Involved in Deviation?
(1) Yes (2) No (3) Unknown
D. If Yes, Describe Involvement:

19. Fix or Facility Nearest Deviation (complete one)
A. VOR, TACAN, or NOB-ID
B. KDCA Airport ID
C. Airway Intersection ID
D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D)
A. 003 Miles (nautical)
B. 3160 Degrees (magnetic)
For Oceanic Airspace and Area Navigation Only:
C.
D.

21. Operational Control Area of Aircraft: (mark a maximum of three)
A. Class A Airspace
B. Class B Airspace
C. Class C Airspace
D. Class D Airspace
E. Class E Airspace
F. Class G Airspace
G. Special Use Airspace, Specify P56
H. Within Terminal Radar Service Area
I. Towered Airport
J. Non-towered Airport
K. Unknown
L. Other, Specify

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes)
A. ARTCC
B. DICIA TRACON
C. RAPCON, RATCF or ARAC
D. DCA ATCT
E. AFSS or FSS
F. None
G. Unknown
H. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):
A. ATC Altitude Clearance Deviation
B. ATC Course Clearance Deviation
C. Airspeed Clearance Violation
D. Airspace Clearance Violation
E. Flying VFR when IFR Required
F. Pilot Unqualified for Aircraft or Conditions
G. Required Aircraft Equipment Not Operating
H. Careless or Reckless Aircraft Operation
I. Unauthorized Low Level Flying
J. Missed Compulsory Reporting Point
K. Noncompliance with Other Regulations (specify FAR number(s)):
(1) (2)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):
A. Class A Airspace
B. Class B Airspace
C. Class C Airspace
D. Class D Airspace
E. Class E Airspace
F. Special Use Airspace, Specify P56
G. None
H. Unknown
I. Other, Specify

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:
 No Clearance Deviation
A. Feet Vertical or Unknown
B. Feet Horizontal
or Miles (nautical), Horizontal or Unknown
C. Minutes, Longitudinal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:
 No Loss of Separation
A. Feet Vertical or Unknown
B. Feet Horizontal or Unknown
or Miles (nautical), Horizontal or Unknown
C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):
A. Incident Report (FAA Form 8020-11), Specify No(s)
B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s)
C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s)
D. Other (including TCAS); Specify
E. None

28. Brief Description of Deviation and Comments (comments optional):
NS6AG DEPARTED RWY 1 WAS INSTRUCTED TO JOIN THE 32P RADIAL AND CONTACT DEPARTURE. A/C STARTED A RIGHT TURN, CAME BACK TO TRACK FROM SAYING HE HAD MADE A MISTAKE AND FLEW THEN P56.

PILOT DEVIATION REPORT (Continued)

PEAIDCA 95016

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. AEA FAA Region
 B. DLA Location ID
 C. 7103-413-1541 Telephone No.

31. Name of Individual Completing Form:

STEPHEN O. KEEFER
Type or Print

32. Facility Manager Approving Form:

A. Signature _____
 B. Name _____
Type or Print
 C. Date / /
M M D D Y Y

33. Report Distributed to:

A. FAA Region AEA Flight Standards ID 27
 B. Other, Specify _____

INSTRUCTIONS

I. General:

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 28. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6) e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 96 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

- | | |
|--------|---|
| AFSS | Automated Flight Service Station |
| ARAC | Army Radar Approach Control |
| ARTCC | Air Route Traffic Control Center |
| ATCT | Air Traffic Control Tower |
| CFR | Code of Federal Regulations |
| FAR | Federal Aviation Regulations |
| FSDO | Flight Standards District Office |
| FSS | Flight Service Station |
| GPS | Global Positioning System |
| msl | Mean Sea Level |
| NDB | Nondirectional Beacon |
| RAPCON | Radar Approach Control |
| RATCF | Radar Air Traffic Control Facility |
| TACAN | Tactical Air Navigation |
| TCAS | Traffic Alert and Collision Avoidance System |
| TRACON | Terminal Radar Approach Control |
| VOR | Very High Frequency Omnidirectional Range Station |

9. Aircraft Information:

A. Registration (N) No. N326KB

B. Flight No. or Call Sign (if applicable) _____

C. Make BEECH D. Model F33A

E. Aircraft Type (mark one):

(1) Single Engine Land (5) Rotorcraft

(2) Multiengine Land (6) Other, Specify _____

(3) Single Engine Sea

(4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. U.S. Military, Specify Service _____

H. Unknown

I. Other, Specify _____

11. Aircraft Operator Information (complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____ State or Country _____ ZIP _____

B. Telephone Number _____ C. Certificate Number _____

12. Flight Information:

A. Departure Airport ID KNO7

B. Destination Airport ID KHEF

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data

B. Avoidance of Weather

C. Flying Visual Flight Rules (VFR) in Instrument Conditions

D. Unknown

E. Other, Specify _____

F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication

B. Transponder

C. Navigation, Excluding Autopilot

D. Autopilot

E. Altimeter

F. Unknown

G. Other, Specify _____

H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft

B. Avionics

C. ATC Procedures

D. ATC Terminology and Phraseology

E. English Language

F. Preflight Planning

G. Crew Coordination

H. Weather

I. Airport

J. Current Charts and Approach Plates

K. Unknown

L. Other, Specify _____

M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked

B. Distracted Specify _____

C. Fatigued

D. Actively Scanning

E. Not Actively Scanning

F. Unable to Locate Traffic, Even With Traffic Advisory

G. Disoriented or Lost

H. Sick, Specify _____

I. Not Following ATC Instructions Specify _____

J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization

K. Operating With Transponder Off

L. Responding to TCAS Resolution Advisory

M. Unknown

N. Other, Specify _____

O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

FAA FORM 8020-19: AMENDED. INCIDENT NUMBER IS PEATDCA00018. (SEE ATTACHED).

AIRCRAFT REGISTRATION NUMBER IS N326KB.

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 2 2

18. Description of Deviation and Comments with Recommendations, if any:

SEE ATTACHMENT A

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify 8020-19

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0 0 E A 2 7 0 0 9 0
- B. No EIR Initiated

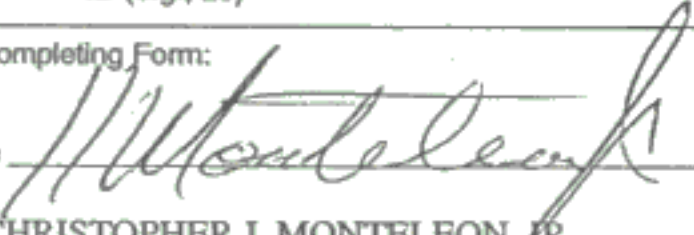
22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. 0 9 1 - 1 3 3 (A)
- B. 0 6 1 - 2 3 A (3)
- C. 0 6 1 - 5 6 C (1)
- D. [] - [] ([])
- E. No EIR

23. Investigating Flight Standards Office:

- A. A E A FAA Region
- B. 2 7 ID (e.g., 25)
- C. 7 0 3 - 6 6 1 - 8 1 6 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name CHRISTOPHER J. MONTELEON, JR.
Type or Print
- C. Date 0 9 2 6 0 0
M M D D Y Y

25. Report Distributed to:

- A. ~~ASP-100~~
- B. Others, Specify ATX-400, AEA-500, AEA-230, DCA
ATCT

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

FAA Form 8020-18
PEATDCA00022

ATTACHMENT 'A'
Block 18:

The pilot in command was conducting a personal flight from Lincoln Park, NJ (N07) in VFR conditions at 10,500 feet MSL enroute to Manassas, VA (HEF). The aircraft was observed on radar by DCA ATCT in level flight as it penetrated Prohibited Area P-56.

The pilot in command stated he was distracted in his navigation by difficulties in programming a hand-held GPS.

Handwritten initials/signature

PRELIMINARY PILOT DEVIATION REPORT

Handwritten: 8/05

PE	AT	DCA	018
010	012	013	

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
10180151010
 M M D D Y Y

B. UTC Time
1131015

C. Local Time
10191015

D. Nearest City or Town and State
District of Columbia

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
PETER HORVAT
 Name (Print, include title)

 City _____ State _____ Zip _____

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter MILITARY)
1101318171011

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, including Pilots

F. Other, Specify See Attached

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
N1612181431

B. Flight No. or Call Sign (if applicable)

C. Make BE33

D. Model BE40

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125) Public (governmental)

B. Foreign Air Carrier (14 CFR 129) U.S. Military, Specify Service _____

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91) Unknown

F. Other, Specify VFR

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi E. Turning or Maneuvering I. Unknown

B. Takeoff F. Descent J. Other, Specify 17 2000

C. Climb G. Approach

D. Level Flight or Cruise H. Landing

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. <input checked="" type="checkbox"/> One	Aircraft N. No.	Flight No. or Call Sign (if applicable)	Make	Model
B. <input type="checkbox"/> Two	F			
C. <input type="checkbox"/> Three	G			
D. <input type="checkbox"/> Four or More	H			
E. <input type="checkbox"/> Unknown	I			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

Handwritten: If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

AUG. #05 00 (SAT) 10:36 DCA TOWER

TEL: 703 413 1570

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1100, 5100</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement.</p>
<p>19. Fix or Facility Nearest Deviation (complete one):</p> <p>A. <u>DCA</u> VOR, TACAN, or NOB ID</p> <p>B. <u>DCA</u> Airport ID</p> <p>C. <u> </u> Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0103</u> Miles (nautical)</p> <p>B. <u>3160</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. <u> </u> <u> </u></p> <p>Latitude</p> <p>D. <u> </u> <u> </u></p> <p>Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>PSGA</u></p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <u> </u> ARTCC</p> <p>B. <u> </u> TRACON</p> <p>C. <u> </u> RAPCON, RATCF or ARAC</p> <p>D. <u> </u> ATCT</p> <p>E. <u> </u> AFSS or FSS</p> <p>F. <input checked="" type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low-Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):</p> <p>(1) <u> </u> (2) <u> </u></p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>Prohibited Airspace PSGA</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. <u> </u> <u> </u> Feet Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u> <u> </u> Feet Horizontal</p> <p>or <u> </u> <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. <u> </u> <u> </u> Feet Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u> <u> </u> Feet Horizontal</p> <p>or <u> </u> <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. <u> </u> Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near-Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2-1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>Aircraft observed southwest of DCA. Northeast bound at 10,500 FT.</u> <u>ON A course that would take it through PSB. AIRCRAFT TRANSFERRED</u> <u>ON CODE 1200. AIRCRAFT WENT INTO PSGA AND REVERSED COURSE SOUTHWEST</u> <u>bound. Aircraft was tracked to HEG Airport.</u></p>		

AUG -05' 00 (SAT) 10:37 DCA TOWER

TEL: 703 413 1570

P.004

PRELIMINARY PILOT DEVIATION REPORT (Continued)

Incident Report Number			
P	E	A	DCA
0	0	0	018
0	1	2	2

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or map box) No Attachments

30. Reporting Office:

A. A E A FAA Region

B. Location ID

C. Telephone No.

31. Name of Individual Completing Form:

Ronald K. Edwards, Sr.

Type or Title

32. Facility Manager Approving Form:

A. Signature _____

B. Name _____

Type or Title

C. Date

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed, and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using Immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first-class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 16 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - Southwest |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350-5), e.g., ZNY, or FSDO ID, e.g., 828. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 2 0

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
1 0 0 5 0 0
 M M D D Y Y

B. UTC Time
1 5 2 5

C. Local Time
1 1 2 5

D. Nearest City or Town and State
WASHINGTON DC

2. Pilot Information:

A. Name and Address

WILLIAM J HUGHES

Name (first, middle, last)

[REDACTED]

Address

[REDACTED]

City

[REDACTED]

State or Country

[REDACTED]

ZIP

B. Home Base

SARASOTA FL

C. Telephone Number

[REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")

5 0 9 2 8 8 6 8 4

E. Date of Birth

[REDACTED]

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
1 0 5 0 hours

B. Total, Make & Model in
2 0 0 hours

C. Last 90 Days, All Aircraft
3 0 hours

D. Last 90 Days, Make & Model in Deviation
3 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
0 hours

F. Flight Time, Last 24 Hours
7 0 hours

G. Flight Time, Leg At Time of Deviation
0 0 . 2 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|--|--|
| (1) <input type="checkbox"/> Student | (5) <input type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input checked="" type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

NOV 06 2000

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | (5) <input type="checkbox"/> Self Certification | (7) <input type="checkbox"/> Unknown |
| (3) <input checked="" type="checkbox"/> Third Class | | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input checked="" type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|--|--|---|----------------------------------|
| A. Flight Review
<u>0 8 3 1 9 9</u> | D. Simulator
<u> </u> | G. Airline Transport Pilot Flight Test
<u> </u> | I. Other, Specify
<u> </u> |
| B. Proficiency
<u> </u> | E. Route Check
<u> </u> | H. Flight Test (private, commercial, or flight instruction)
<u>0 8 3 1 9 9</u> | |
| C. Competency Flight
<u> </u> | F. Instrument Currency or Instrument Rating Flight Test
<u> </u> | | |

9. Aircraft Information:

A. Registration (N) No. N 2 8 4 0 Z

B. Flight No. or Call Sign (if applicable)

C. Make

PA 34 - 200T

D. Model

SENECA II

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____ State or Country _____ ZIP _____

B. Telephone Number _____

C. Certificate Number _____

12. Flight Information :

A. Departure Airport ID

K I G A I I

B. Destination Airport ID

K I F I L I O

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify HAZE DISTURBED VISUAL REF
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

4.) = A/C REGISTRATION - SHOULD BE N 2840Z, MODEL SHOULD BE PA34

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 2 | 0

18. Description of Deviation and Comments with Recommendations, if any:

PILOT DEPARTED GAI UNDER VFR, CLIMBED ABOVE DCA CLASS "B" AIRSPACE, AND ENTERED P56 WITHOUT AUTHORIZATION

19. Attachment(s):

- A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0, 1, E, A, 2, 7, 0, 0, 0, 3
 B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 9, 1 - 1, 3, 3 (A)
 B. _____ (_____)
 C. _____ (_____)
 D. _____ (_____)
 E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
 B. 2, 7 ID (e.g., 25)

c. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

A. Signature

B. Name JOSEPH T MULLEN
Type or Print

C. Date 1, 0, 1, 7, 0, 0
M M D D Y Y

25. Report Distributed to:

- A. ~~ATX-400~~ ATX-400
 B. Others, Specify AEA-500, AEA-230, DCA ATCT, File

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

**PRELIMINARY
PILOT DEVIATION REPORT**

10/05

Incident Report Number

PEATDCA 000020

Complete and distribute according to instructions on page 3. Complete items 1 to 8 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
11005100

B. UTC Time
1151215

C. Local Time
111215

D. Nearest City or Town and State
DASHMOTA, DECA

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address
William J. Hughes
[Redacted]
[Redacted]
[Redacted] State [Redacted] Zip [Redacted]

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
15109121818161814

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, Including Pilots
F. Other, Specify _____

4. Aircraft Information (complete or mark box) All information Unknown

A. Registration Number (N Number)
N14181210121

B. Flight No. or Call Sign (if applicable)
[Redacted]

C. Make
PIPER

D. Model
PA32

6. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125) F. Public (governmental)
B. Foreign Air Carrier (14 CFR 129) G. US Military, Specify Service _____
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 136) H. Unknown
E. General Aviation (14 CFR 91) I. Other, Specify _____

8. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi E. Turning or Maneuvering I. Unknown
B. Takeoff F. Descent J. Other, Specify 20000
C. Climb G. Approach
D. Level Flight or Cruise H. Landing

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
F [] [] [] [] [] [] [] [] [] []			
G [] [] [] [] [] [] [] [] [] []			
H [] [] [] [] [] [] [] [] [] []			
I [] [] [] [] [] [] [] [] [] []			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)
B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location
[] [] [] [] [] [] [] [] [] []

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet
B. 100 - 499 Feet
C. 500 - 1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind
B. Crosswind
C. Entry of Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify _____

*AAT-FAA ed 1328
ATY
ATSD*

16. Aircraft Altitude When Deviation Detected:

A. 1101, 15101

B. Unknown

17. Transponder (mark one):

A. Operating, With Altitude Reporting

B. Operating, Without Altitude Reporting

C. Not Functioning (broken or off)

D. No Transponder

E. Unknown

18. Was the Aircraft Equipped with TCAS?

A. (1) Yes (2) No (3) Unknown

B. If Yes, Was TCAS Operating During Deviation?

(1) Yes (2) No (3) Unknown

C. If Yes, Was TCAS Involved in Deviation?

(1) Yes (2) No (3) Unknown

D. If Yes, Describe Involvement:

19. Fix or Facility Nearest Deviation (complete one)

A. DCA VOR, TACAN, or NDB ID

B. Airport ID

C. Airway Intersection ID

D. Oceanic Airspace or Area Navigation (GPS, Loren, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D):

A. 007 Miles (nautical)

B. 3150 Degrees (magnetic)

For Oceanic Airspace and Area Navigation Only:

C. Latitude

D. Longitude

21. Operational Control Area of Aircraft: (mark a maximum of three):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Class G Airspace

G. Special Use Airspace, Specify P56 B

H. Within Terminal Radar Service Area

I. Towered Airport

J. Nontowered Airport

K. Unknown

L. Other, Specify

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):

A. ARTCC

B. TRACON

C. RAPCON, RATCF or ARAC

D. ATCT

E. AFSS or FSS

F. None

G. Unknown

H. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):

A. ATC Altitude Clearance Deviation

B. ATC Course Clearance Deviation

C. Airspeed Clearance Violation

D. Airspace Clearance Violation

E. Flying VFR when IFR Required

F. Pilot Unqualified for Aircraft or Conditions

G. Required Aircraft Equipment Not Operating

H. Careless or Reckless Aircraft Operation

I. Unauthorized Low Level Flying

J. Missed Compulsory Reporting Point

K. Noncompliance with Other Regulations (specify FAR number(s)):

(1) 1911.11313(19)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Special Use Airspace, Specify P56 B

G. None

H. Unknown

I. Other, Specify

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:

No Clearance Deviation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:

No Loss of Separation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):

A. Incident Report (FAA Form 8020-11), Specify No(s).

B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s).

C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s).

D. Other (including TCAS), Specify

E. None

28. Brief Description of Deviation and Comments (comments optional):

BWI CALLED DCA AND REQUESTED THAT THE FACILITY TRACK A TARGET THAT DEPARTED BAI. A TRACK WAS STARTED AND THE AIRCRAFT WAS OBSERVED OVER FLYING P56 B. THERE WAS NO COMMUNICATION WITH THE PILOT. DCA ADVISED ZDC TO CONTINUE TRACKING THE AIRCRAFT. THE AIRCRAFT LANDED AT FLO AND THE PILOT WAS ADVISED OF DEVIATION.

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0100210

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. DICA Location ID

C. 7103 - 4113 - 1540 Telephone No.

31. Name of Individual Completing Form:

Thomas R Ficklen
Type or Print

32. Facility Manager Approving Form:

A. Signature _____

B. Name _____
Type or Print

C. Date / /
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 27

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 026. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 2 1

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time-UTC) <input style="width: 100px;" type="text" value="1,0 2,4 0,0"/> <small>M M D D Y Y</small></p> <p>B. UTC Time <input style="width: 100px;" type="text" value="1,9 1,0"/></p> <p>C. Local Time <input style="width: 100px;" type="text" value="1,5 1,5"/></p> <p>D. Nearest City or Town and State <input style="width: 100px;" type="text" value="WASHINGTON DC"/></p>	<p>2. Pilot Information:</p> <p>A. Name and Address <u>JASON HARBECK</u> <small>Name (first, middle, last)</small> <input style="width: 100px;" type="text"/> <small>Address</small> <input style="width: 100px;" type="text"/> <small>City State or Country ZIP</small></p> <p>B. Home Base <u>DUPAGE, IL</u></p> <p>C. Telephone Number <input style="width: 100px;" type="text"/></p> <p>D. Pilot Certificate No. (or enter "MILITARY") <input style="width: 100px;" type="text" value="3,1,9,8,0,9,3,5,3"/></p> <p>E. Date of Birth <input style="width: 100px;" type="text"/> <small>M M D D Y Y</small></p>	<p>3. Pilot Hours (if hours unavailable, estimate):</p> <p>A. Total, All Aircraft <input style="width: 100px;" type="text" value="2,3,0,0"/> hours</p> <p>B. Total, Make & Model in <input style="width: 100px;" type="text" value="4,0,0"/> hours</p> <p>C. Last 90 Days, All Aircraft <input style="width: 100px;" type="text" value="1,5,0"/> hours</p> <p>D. Last 90 Days, Make & Model in Deviation <input style="width: 100px;" type="text" value="1,2,0"/> hours</p> <p>E. Duty Time, Last 24 Hours (includes item 3F) <input style="width: 100px;" type="text" value="9,5"/> hours</p> <p>F. Flight Time, Last 24 Hours <input style="width: 100px;" type="text" value="6,7"/> hours</p> <p>G. Flight Time, Leg At Time of Deviation <input style="width: 100px;" type="text" value="0,2"/> . <input style="width: 100px;" type="text" value="2"/> hours</p>
--	--	---

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical
M M D D Y Y

NOV 08 2000

<p>5. Pilot Rating(s) (mark appropriate boxes):</p> <table style="width: 100%;"> <tr> <td>A. <input type="checkbox"/> Single Engine Land</td> <td>F. <input type="checkbox"/> Glider</td> </tr> <tr> <td>B. <input checked="" type="checkbox"/> Multiengine Land</td> <td>G. <input type="checkbox"/> Lighter-than-air</td> </tr> <tr> <td>C. <input type="checkbox"/> Single Engine Sea</td> <td>H. <input type="checkbox"/> None</td> </tr> <tr> <td>D. <input type="checkbox"/> Multiengine Sea</td> <td>I. <input type="checkbox"/> Unknown</td> </tr> <tr> <td>E. <input type="checkbox"/> Rotorcraft</td> <td>J. <input type="checkbox"/> Other, Specify _____</td> </tr> </table>	A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider	B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air	C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None	D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown	E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____	<p>6. Pilot Instrument Rating (mark one):</p> <p>A. <input checked="" type="checkbox"/> Current B. <input type="checkbox"/> Not Current C. <input type="checkbox"/> None D. <input type="checkbox"/> Unknown</p>	<p>7. Prior Enforcement Actions Against Pilot (mark one):</p> <p>A. <input type="checkbox"/> One or More B. <input type="checkbox"/> None C. <input type="checkbox"/> Unknown</p>
A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider											
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air											
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None											
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown											
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____											

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

<p>A. Flight Review <input style="width: 100px;" type="text"/></p>	<p>D. Simulator <input style="width: 100px;" type="text"/></p>	<p>G. Airline Transport Pilot Flight Test <input style="width: 100px;" type="text"/></p>	<p>I. Other, Specify <input style="width: 100px;" type="text"/></p>
<p>B. Proficiency <input style="width: 100px;" type="text" value="0,8 2,8 0,0"/></p>	<p>E. Route Check <input style="width: 100px;" type="text" value="0,8 2,8 0,0"/></p>	<p>H. Flight Test (private, commercial, or flight instruction) <input style="width: 100px;" type="text"/></p>	
<p>C. Competency Flight <input style="width: 100px;" type="text" value="0,8 2,8 0,0"/></p>	<p>F. Instrument Currency or Instrument Rating Flight Test <input style="width: 100px;" type="text" value="0,8 2,8 0,0"/></p>		

9. Aircraft Information:

A. Registration (N) No. N 4 2 9 D M

B. Flight No. or Call Sign (if applicable)

C. Make BEECHCRAFT

D. Model BE-200

E. Aircraft Type (mark one):

- (1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea
 (4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address PLANEMASTER LTD

Full Name

32 W 611 TOWER ROAD DUPAGE AIRPORT

Address

WEST CHICAGO IL 60185

City

State or Country

ZIP

B. Telephone Number

6 3 0 - 5 1 3 - 2 1 0 0

C. Certificate Number

D P U A 2 4 3 K

12. Flight Information :

A. Departure Airport ID

M D W

B. Destination Airport ID

D C A

C. Local Flight:

- (1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

- (1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify _____
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

INVESTIGATION REVEALED THAT THIS IS AN AIR CARRIER FLIGHT WITH QUALIFIED PIC AND SIC. [REDACTED]

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 0 | 0 | 2 | 1

18. Description of Deviation and Comments with Recommendations, if any:

PILOT WAS APPROACHING DCA FROM THE WEST. HE WAS CLEARED FOR THE RIVER VISUAL APC TO RUNWAY 15, THEN GIVEN A CIRCLE TO RUNWAY 22. PILOT CROSSED THE RIVER AND PROCEEDED WESTBOUND, MISSING THE TURN TO FINAL. PILOT THEN ENTERED P-56A.

REC. - 90 DAY SUSPENSION

19. Attachment(s) :

- A. FAA Form 8020-17
B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
B. Other, Specify _____
C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
 0, 1, E, A, 2, 7, 0, 0, 0, 7
B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. 9, 1 • 1, 3 (a)
B. 9, 1 • 1, 3, 3 ()
C. • ()
D. • ()
E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
B. 2, 7 ID (e.g., 25)

C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
B. Name JOSEPH T MULLEN
 Type or Print
C. Date 1, 0, 2, 6, 0, 0
 M M D D Y Y

25. Report Distributed to:

- A. ASP-100
B. Others, Specify ASY-100, AEA-230A
 AEA-500 DCA ATCT

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

PEA-T-DCA-00-021

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 32 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

1. Date, Time and Location of Deviation:

- A. Date (Coordinated Universal Time - UTC) 10/24/00
B. UTC Time 1914
C. Local Time 1514
D. Nearest City or Town and State Washington, DC

2. Pilot Information (complete or mark box)

All Information Unknown

A. Name and Address

Jason Harbeck

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter "MILITARY")

319809353

3. Deviation First Detected by (mark one):

- A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, Including Pilots
F. Other, Specify

USSS

4. Aircraft Information (complete or mark box):

All Information Unknown

- A. Registration (N) Number N429DM
B. Flight Number or Call Sign (if applicable)
C. Make Beech
D. Model BE 2000

5. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14CFR 121 or 125)
B. Foreign Air Carrier (14 CFR 129)
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 135)
E. General Aviation (14 CFR 91)
F. Public (governmental)
G. U.S. Military.
H. Unknown
I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
B. Takeoff
C. Climb
D. Level Flight or Cruise
E. Turning or Maneuvering
F. Descent
G. Approach
H. Landing
I. Unknown
J. Other, Specify

8. Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

- A. One
B. Two
C. Three
D. Four or More
E. Unknown

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete Items 10 to 14 and 27 to 33)
B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location:

-ID-

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 feet
B. 100-499 feet
C. 500-1,000 feet
D. Over 1,000 feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
B. Crosswind
C. Entry or Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

PEA-T-DCA-00-021

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box): No Attachments

30. Reporting Office:
 A. AEA FAA Region
 B. DCA Location ID
 C. (703) - 413 - 1540 Telephone Number

31. Name of Individual Completing Form:

Thomas R. Ficklen

32. Facility Manager Approving Form:

A. Signature James D. Slack Jr.
 B. Name for Lawrence L. Bicknell, Manager
Washington National ATCT
 C. Date October 25, 2000

33. Report Distributed to:

A. FAA Region AEA-505 Flight Standards ID 27
 B. Others, Specify AEA-200, ATX-100, Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National identifier

Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations, if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for pilot deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest	WP - Western-

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO or
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation. The fifth through seventh characters are the facility location

(FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 0001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 2 2

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [1 | 1 | 2 | 6 | 0 | 0]
 M M D D Y Y

B. UTC Time
 [1 | 4 | 0 | 1]

C. Local Time
 [9 | 0 | 1]

D. Nearest City or Town and State
 WASHINGTON, DC

2. Pilot Information:

A. Name and Address
 James Craig Polve
 Name (first, middle, last)

 Address

 City State or Country ZIP

B. Home Base
 MSP

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
 [5 | 4 | 5 | 7 | 4 | 5 | 6 | 6 | 0]

E. Date of Birth

 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [1 | 2 | 4 | 3 | 0] hours

B. Total, Make & Model in
 _____ hours

C. Last 90 Days, All Aircraft
 _____ hours

D. Last 90 Days, Make & Model in Deviation
 _____ hours

E. Duty Time, Last 24 Hours (includes item 3F)
 _____ hours

F. Flight Time, Last 24 Hours
 _____ hours

G. Flight Time, Leg At Time of Deviation
 [0 | 0] . [1] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [0 | 9 | 0 | 9 | 0 | 0]
 M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review _____	D. Simulator _____	G. Airline Transport Pilot Flight Test _____	I. Other, Specify _____
B. Proficiency _____	E. Route Check [1 2 0 4 0 0]	H. Flight Test (private, commercial, or flight instruction) _____	
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____		

<p>9. Aircraft Information:</p> <p>A. Registration (N) No. <u>N 3 0 4 U S</u></p> <p>B. Flight No. or Call Sign (if applicable) <u>673</u></p> <p>C. Make <u>A-320</u> D. Model <u>211</u></p> <p>E. Aircraft Type (mark one):</p> <p>(1) <input type="checkbox"/> Single Engine Land (5) <input type="checkbox"/> Rotorcraft (2) <input checked="" type="checkbox"/> Multiengine Land (6) <input type="checkbox"/> Other, Specify _____ (3) <input type="checkbox"/> Single Engine Sea (4) <input type="checkbox"/> Multiengine Sea</p>	<p>10. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> U.S. Air Carrier (14 CFR 121 or B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129) C. <input type="checkbox"/> Commuter (14 CFR 135) D. <input type="checkbox"/> Air Taxi (14 CFR 135) E. <input type="checkbox"/> General Aviation (14 CFR 91) F. <input type="checkbox"/> Public (governmental) G. <input type="checkbox"/> U.S. Military, Specify Service _____ H. <input type="checkbox"/> Unknown I. <input type="checkbox"/> Other, Specify _____</p>
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<p>11. Aircraft Operator Information (complete, or mark box if General Aviation): <input type="checkbox"/> General Aviation</p> <p>A. Name and Address</p> <p><u>Northwest Airlines, Inc.</u> Full Name</p> <p><u>5101 Northwest Drive</u> Address</p> <p><u>St Paul, MN 55111-3034</u> City State or Country ZIP</p> <p>B. Telephone Number <u>6 1 2 - 7 2 7 - 4 0 4 3</u> C. Certificate Number _____</p>	<p>12. Flight Information :</p> <p>A. Departure Airport ID <u>D C A</u></p> <p>B. Destination Airport ID <u>D T W</u></p> <p>C. Local Flight: (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. First Flight of Day for Pilot: (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p>
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<p>13. Weather Contributed to Pilot Deviation (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Pilot Received Inaccurate Weather Data B. <input type="checkbox"/> Avoidance of Weather C. <input type="checkbox"/> Flying Visual Flight Rules (VFR) in Instrument Conditions D. <input type="checkbox"/> Unknown E. <input type="checkbox"/> Other, Specify _____ F. <input checked="" type="checkbox"/> None of the Above, Weather Not a Factor</p>	<p>14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Communication B. <input type="checkbox"/> Transponder C. <input type="checkbox"/> Navigation, Excluding Autopilot D. <input type="checkbox"/> Autopilot E. <input type="checkbox"/> Altimeter F. <input type="checkbox"/> Unknown G. <input type="checkbox"/> Other, Specify _____ H. <input checked="" type="checkbox"/> None of the Above, Equipment Malfunction Not a Factor</p>
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<p>15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):</p> <p>A. <input checked="" type="checkbox"/> Aircraft B. <input checked="" type="checkbox"/> Avionics C. <input checked="" type="checkbox"/> ATC Procedures D. <input checked="" type="checkbox"/> ATC Terminology and Phraseology E. <input checked="" type="checkbox"/> English Language F. <input checked="" type="checkbox"/> Preflight Planning G. <input checked="" type="checkbox"/> Crew Coordination H. <input checked="" type="checkbox"/> Weather I. <input checked="" type="checkbox"/> Airport J. <input checked="" type="checkbox"/> Current Charts and Approach Plates K. <input checked="" type="checkbox"/> Unknown L. <input checked="" type="checkbox"/> Other, Specify _____ M. <input checked="" type="checkbox"/> None of the Above</p>	<p>16. Investigation Indicates the Pilot Was (mark appropriate boxes):</p> <p>A. <input checked="" type="checkbox"/> Overworked B. <input checked="" type="checkbox"/> Distracted Specify _____ C. <input checked="" type="checkbox"/> Fatigued D. <input checked="" type="checkbox"/> Actively Scanning E. <input checked="" type="checkbox"/> Not Actively Scanning F. <input checked="" type="checkbox"/> Unable to Locate Traffic, Even With Traffic Advisory G. <input checked="" type="checkbox"/> Disoriented or Lost H. <input checked="" type="checkbox"/> Sick, Specify _____ I. <input checked="" type="checkbox"/> Not Following ATC Instructions Specify _____ J. <input checked="" type="checkbox"/> Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization K. <input checked="" type="checkbox"/> Operating With Transponder Off L. <input checked="" type="checkbox"/> Responding to TCAS Resolution Advisory M. <input checked="" type="checkbox"/> Unknown N. <input checked="" type="checkbox"/> Other, Specify _____ O. <input checked="" type="checkbox"/> None of the Above</p>
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17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 2 2

18. Description of Deviation and Comments with Recommendations, if any:

Crew departed DCA and did not clear thrust reduction altitude of 1500 from FMS; therefore, aircraft did not have DCS as a from W/P.

Crew was given a three hour sim period by an APD with emphasis on DCA departures. Crew will also receive a line check in the A/C.

19. Attachment(s) :

- A. FAA Form 8020-17
B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
B. Other, Specify _____
C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

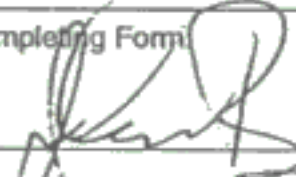
- A. _____ ()
B. _____ ()
C. _____ ()
D. _____ ()
E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
B. 2, 7 ID (e.g., 25)

C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form

- A. Signature 
B. Name John Brown
Type or Print
C. Date 0, 7, 2, 4, 0, 1
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
B. Others, Specify AEA-500, AEA-DCS-ATCT

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 2 2

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">2</td> <td style="border: 1px solid black;">6</td> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">0</td> </tr> <tr> <td>M</td> <td>M</td> <td>D</td> <td>D</td> <td>Y</td> <td>Y</td> </tr> </table> <p>B. UTC Time 114011</p> <p>C. Local Time 0901</p> <p>D. Nearest City or Town and State Washington, DC</p>	1	1	2	6	0	0	M	M	D	D	Y	Y	<p>2. Pilot Information: (complete or mark box) <input type="checkbox"/> All information Unknown</p> <p>A. Name and Address</p> <p style="margin-left: 20px;">James Polve <small>Name (first, middle, last)</small></p> <p style="margin-left: 20px;">[REDACTED] <small>Address</small></p> <p style="margin-left: 20px;">[REDACTED] <small>City State Zip</small></p> <p>B. Daytime Telephone Number [REDACTED]</p> <p>C. Pilot Certificate No. (or enter "MILITARY") 545745660</p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input checked="" type="checkbox"/> Other, Specify JOC called DCA.</p>
1	1	2	6	0	0									
M	M	D	D	Y	Y									

<p>4. Aircraft Information (complete or mark box) <input type="checkbox"/> All information Unknown</p> <p>A. Registration Number (N Number) [REDACTED]</p> <p>B. Flight No. or Call Sign (if applicable) NWA673</p> <p>C. Make AIRBUS</p> <p>D. Model 320</p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> U.S. Air Carrier (14 CFR 121 or 125)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129)</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135)</p> <p>E. <input type="checkbox"/> General Aviation (14 CFR 91)</p> <p>F. <input type="checkbox"/> Public (governmental)</p> <p>G. <input type="checkbox"/> US Military, Specify Service</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi</p> <p>B. <input checked="" type="checkbox"/> Takeoff</p> <p>C. <input checked="" type="checkbox"/> Climb</p> <p>D. <input type="checkbox"/> Level Flight or Cruise</p> <p>E. <input type="checkbox"/> Turning or Maneuvering</p> <p>F. <input type="checkbox"/> Descent</p> <p>G. <input type="checkbox"/> Approach</p> <p>H. <input type="checkbox"/> Landing</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify</p>
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<p>8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <p>A. <input checked="" type="checkbox"/> One</p> <p>B. <input type="checkbox"/> Two</p> <p>C. <input type="checkbox"/> Three</p> <p>D. <input type="checkbox"/> Four or More</p> <p>E. <input type="checkbox"/> Unknown</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">Aircraft N No.</th> <th style="width: 40%;">Flight No. or Call Sign (if applicable)</th> <th style="width: 15%;">Make</th> <th style="width: 35%;">Model</th> </tr> </thead> <tbody> <tr> <td>F [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>G [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>H [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>I [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </tbody> </table>	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model	F [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	G [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	H [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete Items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete Items 15 to 33)</p>
Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model																		
F [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
G [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
H [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
I [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		

<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location</p> <p style="text-align: center;">[REDACTED]</p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 Feet</p> <p>B. <input type="checkbox"/> 100 - 499 Feet</p> <p>C. <input type="checkbox"/> 500 - 1,000 Feet</p> <p>D. <input type="checkbox"/> Over 1,000 Feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p><i>If Surface Deviation Only, Skip to Item 27</i></p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>C. <input type="checkbox"/> Entry of Downwind Leg</p> <p>D. <input type="checkbox"/> Base Leg</p> <p>E. <input type="checkbox"/> Final Approach</p> <p>F. <input checked="" type="checkbox"/> Departure Leg or Exit</p> <p>G. <input type="checkbox"/> Not in Traffic Pattern</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>B. <input checked="" type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input checked="" type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> VOR, TACAN, or NDB ID</p> <p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Airport ID</p> <p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles (nautical)</p> <p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ' Latitude</p> <p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> ARTCC</p> <p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TRACON</p> <p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RAPCON, RATCF or ARAC</p> <p>D. <input type="text"/> <input type="text"/> <input type="text"/> ATCT</p> <p>E. <input type="text"/> <input type="text"/> <input type="text"/> AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input checked="" type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):</p> <p>(1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> () (2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A and P56B</u></p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Feet, Horizontal</p> <p>or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Feet, Horizontal</p> <p>or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. <input type="text"/> <input type="text"/> <input type="text"/> Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>The departure clearance was issued via "PDC". The instructions were "Depart Northwest Via the DCA 328 Radial". The aircraft departed DCA, entered P56A and P56B, and did not join the DCA 328 Radial. No separation was lost.</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 2 2

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

Certified Rerecording, CDR

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature James D. Slack

B. Name Lawrence L. Bicknell, Manager
Washington National Tower

November 30, 2000

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ATX-400,
Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central Southwest	NE - New England	SW -
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and Other
F - AFSS or FSS	T - ATCT	

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR Station	- Very High Frequency Omnidirectional Range

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P
E A T D C A 0 0 0 2 3

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 1, 2 | 1, 1 | 0, 0
 M M D D Y Y

B. UTC Time
 0, 1, 2, 0

C. Local Time
 2, 0, 2, 0

D. Nearest City or Town and State
 WASHINGTON, DC

2. Pilot Information:

A. Name and Address
 SIGVARD B. JOHNSON, JR.
 Name (first, middle, last)

Address
 City State or Country ZIP

B. Home Base
 DCA

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
 2, 6, 3, 1, 4, 5, 9, , ,

E. Date of Birth
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 6, 5, 0, 0 hours

B. Total, Make & Model in
 1, 5, 5 hours

C. Last 90 Days, All Aircraft
 hours

D. Last 90 Days, Make & Model in Deviation
 hours

E. Duty Time, Last 24 Hours (includes item 3F)
 hours

F. Flight Time, Last 24 Hours
 hours

G. Flight Time, Leg At Time of Deviation
 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | (5) <input type="checkbox"/> Self Certification | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical
 1, 2 | 2, 1 | 0, 0
 M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input checked="" type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|---|---|---|---|
| A. Flight Review
<input type="checkbox"/> | D. Simulator
<input type="checkbox"/> | G. Airline Transport Pilot Flight Test
<input type="checkbox"/> | I. Other, Specify
<input type="checkbox"/> |
| B. Proficiency
<input type="checkbox"/> 0, 8 3, 0 0, 0 | E. Route Check
<input type="checkbox"/> 0, 9 2, 6 0, 0 | H. Flight Test (private, commercial, or flight instruction)
<input type="checkbox"/> | |
| C. Competency Flight
<input type="checkbox"/> | F. Instrument Currency or Instrument Rating Flight Test
<input type="checkbox"/> | | |

9. Aircraft Information:

A. Registration (N) No. N 1 8 1 8 1 5 1 A 1 A

B. Flight No. or Call Sign (if applicable)

AAL1393

C. Make

BOEING

D. Model

727-200

E. Aircraft Type (mark one):

- (1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea
 (4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

AMERICAN AIRLINES, INC.

Full Name

P.O. BOX 619617 MO 871 GSWFA

Address

DFW AIRPORT, TX 75261-9617

City

State or Country

ZIP

B. Telephone Number

9 7 2 - 2 6 7 - 1 1 5 1

C. Certificate Number

A A L A 0 2 5 A

12. Flight Information :

A. Departure Airport ID

D C A

B. Destination Airport ID

D F W

C. Local Flight:

- (1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

- (1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify _____
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 2 3

18. Description of Deviation and Comments with Recommendations, if any:
PROCESSED BY THE DFW CMO (ASAP PROGRAM).


19. Attachment(s) :
 A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports
 A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):
 A. EIR Initiated, Specify No. _____
 B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):
 A. [] [] [] [] [] [] [] [] ([])
 B. [] [] [] [] [] [] [] [] ([])
 C. [] [] [] [] [] [] [] [] ([])
 D. [] [] [] [] [] [] [] [] ([])
 E. No EIR

23. Investigating Flight Standards Office:
 A. [A , E , A] FAA Region C. [7 , 0 , 3] - [6 , 6 , 1] - [8 , 1 , 6 , 0] Telephone Number
 B. [2 , 7] ID (e.g., 25)

24. Inspector Completing Form:
 A. Signature 
 B. Name WILLIAM W. DAVENPORT
Type or Print
 C. Date [0 , 2 , 0 , 2 , 0 , 1]
M M D D Y Y

25. Report Distributed to:
 A. ASP-400 ATX-400
 B. Others, Specify AEA-200, AEA-500, DCA-ATCT, OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY
PILOT DEVIATION REPORT

Report Number
PEATDCA 00 023

Complete and distribute according to instructions on page 3. Complete items 1 to 15 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
121000
M O D Y Y

B. UTC Time
10120

C. Local Time
12020

D. Nearest City or Town and State
Washington DC

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
SIGVARD BERNHARD JOHNSON JR
[Redacted]
City State Zip

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (for enter "MILITARY")
2631459

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, including Pilots
F. Other, Specify
USSS

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
[Redacted]

B. Flight No. or Call Sign (if applicable)
AAL1393

C. Make
B722

D. Model

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)
B. Foreign Air Carrier (14 CFR 129)
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 136)
E. General Aviation (14 CFR 91)
F. Public (governmental)
G. US Military, Specify Service
H. Unknown
I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi
B. Takeoff
C. Climb
D. Level Flight or Cruise
E. Turning or Maneuvering
F. Descent
G. Approach
H. Landing
I. Unknown
J. Other, Specify

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. One
B. Two
C. Three
D. Four or More
E. Unknown

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
F			
G			
H			
I			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)
B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID & Surface Deviation Location

[Redacted]

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airpod
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify

DEC 11 2000
AAL Goods
AST
NTSS
-R

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet
B. 100 - 499 Feet
C. 500 - 1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind
B. Crosswind
C. Entry of Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify

16. Aircraft Altitude When Deviation Detected:
 A. _____
 B. Unknown

17. Transponder (mark one):
 A. Operating, With Altitude Reporting
 B. Operating, Without Altitude Reporting
 C. Not Functioning (broken or off)
 D. No Transponder
 E. Unknown

18. Was the Aircraft Equipped with TCAS?
 A. (1) Yes (2) No (3) Unknown
 B. If Yes, Was TCAS Operating During Deviation?
 (1) Yes (2) No (3) Unknown
 C. If Yes, Was TCAS Involved in Deviation?
 (1) Yes (2) No (3) Unknown
 D. If Yes, Describe Involvement: _____

19. Fix or Facility Nearest Deviation (complete one):
 A. _____ VOR, TACAN, or NDB ID
 B. DCA Airport ID
 C. _____ Airway Intersection ID
 D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D)
 A. 0.03 Miles (nautical)
 B. 3415 Degree (magnetic)
 For Oceanic Airspace and Area Navigation Only:
 C. _____
 D. _____
 E. _____
 F. _____

21. Operational Control Area of Aircraft: (mark a maximum of three):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Class G Airspace
 G. Special Use Airspace, Specify: _____
 H. Within Terminal Radar Service Area
 I. Towered Airport
 J. Nontowered Airport
 K. Unknown
 L. Other, Specify: _____

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):
 A. _____ ARTCC
 B. DCA TRACON
 C. _____ RAPCON, RATCF or ARAC
 D. _____ ATCT
 E. _____ AFSS or FSS
 F. None
 G. Unknown
 H. Other, Specify: _____

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):
 A. ATC Altitude Clearance Deviation
 B. ATC Course Clearance Deviation
 C. Airspeed Clearance Violation
 D. Airspace Clearance Violation
 E. Flying VFR when IFR Required
 F. Pilot Unqualified for Aircraft or Conditions
 G. Required Aircraft Equipment Not Operating
 H. Careless or Reckless Aircraft Operation
 I. Unauthorized Low-Level Flying
 J. Missed Compulsory Reporting Point
 K. Noncompliance with Other Regulations (specify FAR number(s): (1) _____ (2) _____ (3) _____)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Special Use Airspace, Specify: _____
 G. None
 H. Unknown
 I. Other, Specify: PROHIBITED AREA P-56B

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:
 No Clearance Deviation
 A. _____ Feet, Vertical or Unknown
 B. _____ Feet, Horizontal
 or 2.00 Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:
 No Loss of Separation
 A. _____ Feet, Vertical or Unknown
 B. _____ Feet, Horizontal
 or _____ Miles (nautical), Horizontal or Unknown
 C. _____ Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):
 A. Incident Report (FAA Form 8020-11), Specify No(s) _____
 B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____
 C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____
 D. Other (including TCAS), Specify _____
 E. None

28. Brief Description of Deviation and Comments (comments optional):
AIRCRAFT 1 DEPARTED RW 1 AT DCA AND INITIALLY TURNED LEFT TO FOLLOW THE RIVER. ABOUT 1 MILE TO THE NW OF DCA AIRCRAFT 1 TURNED NORTHBOUND. THE DEPARTURE CONTROLLER OBSERVED THE TURN AND ISSUED AN IMMEDIATE TURN TO 290° TO AVOID P-56. THE AIRCRAFT APPEARED TO VIOLATE P56B. IN A CONVERSATION WITH THE PILOT THE

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number
PEATDCA00023

28. Brief Description of Deviation and Comments (continued):
PILOT STATED HE WAS FOLLOWING THE RIVER PER NOISE ABATEMENT PROCEDURE WHEN HE ENTERED THE CLOUDS. AT THE SAME TIME HE WAS SETTING HIS POWER SETTINGS FOR EXPEDITED CLIMB PER CONTROLLER INSTRUCTION. HE STATED HE WAS TRYING TO STAY OVER THE RIVER AT ALL TIMES.

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:
 A. **A E A** FAA Region
 B. Location ID
 C. Telephone No.

31. Name of Individual Completing Form:
 Type of Post

32. Facility Manager Approving Form:
 A. Signature
 B. Name **LARRY BICKNELL**
 C. Date

33. Report Distributed to:
 A. FAA Region **A E A** Flight Standards ID **2 7 3**
 B. Others, Specify

INSTRUCTIONS

I. General
 The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The fourth character identifies the type of facility completing the form:
 C - ARTCC R - TRACON Z - FSDO and Other
 F - AFSS or FSS T - ATCT
 For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.
 The fifth through seventh characters are the facility location identifier (see FAA Handbook 7360.6), e.g., ZNY, or FSDO ID, e.g., 028. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 98 for 1998.
 The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

III. Abbreviations
 The following abbreviations are used.

Complete items 1 to 9 and 27 to 33 for all deviations. If surface deviation, also complete items 10 to 14. If air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number
 Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - Southwest |
| EA - Eastern | NM - Northwest Mountain | WP - Western Pacific |

- AFSS - Automated Flight Service Station
- ARAC - Army Radar Approach Control
- ARTCC - Air Route Traffic Control Center
- ATCT - Air Traffic Control Tower
- CFR - Code of Federal Regulations
- FAR - Federal Aviation Regulations
- FSDO - Flight Standards District Office
- FSS - Flight Service Station
- GPS - Global Positioning System
- msl - Mean Sea Level
- NDB - Nondirectional Beacon
- RAPCON - Radar Approach Control
- RATCF - Radar Air Traffic Control Facility
- TACAN - Tactical Air Navigation
- TCAS - Traffic Alert and Collision Avoidance System
- TRACON - Terminal Radar Approach Control
- VOR - Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 0 0 2 4

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)

1 2 3 1 0 0
M M D D Y Y

B. UTC Time

2 2 4 9

C. Local Time

1 7 4 9

D. Nearest City or Town and State

WASHINGTON, DC

2. Pilot Information:

A. Name and Address

RONALD HALL

Name (first, middle, last)

Address

City

State or Country

ZIP

B. Home Base

NORFOLK, VA

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

2 4 2 8 8 9 3 1 6

E. Date of Birth

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft

5 7 0 0 hours

B. Total, Make & Model in

9 0 0 hours

C. Last 90 Days, All Aircraft

8 0 hours

D. Last 90 Days, Make & Model in Deviation

9 5 hours

E. Duty Time, Last 24 Hours (includes item 3F)

2 hours

F. Flight Time, Last 24 Hours

7 hours

G. Flight Time, Leg At Time of Deviation

0 0 . 2 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input checked="" type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | (5) <input type="checkbox"/> Self Certification | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical

0 2 0 4 0 0
M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input checked="" type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|-------------------------------|--|--|----------------------------|
| A. Flight Review
_____ | D. Simulator
_____ | G. Airline Transport Pilot Flight Test
_____ | I. Other, Specify
_____ |
| B. Proficiency
0 2 0 1 0 0 | E. Route Check
_____ | H. Flight Test (private, commercial, or flight instruction)
_____ | |
| C. Competency Flight
_____ | F. Instrument Currency or Instrument Rating Flight Test
_____ | | |

9. Aircraft Information:

A. Registration (N) No. N 9 1 5 R B

B. Flight No. or Call Sign (if applicable)

N915RB

C. Make

CESSNA

D. Model

C750

E. Aircraft Type (mark one):

- (1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea _____
 (4) Multiengine Sea _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____

State or Country _____

ZIP _____

B. Telephone Number _____

C. Certificate Number _____

12. Flight Information :

A. Departure Airport ID

K D C A

B. Destination Airport ID

K O R E

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify WIND: 40 KT, FROM WEST
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify _____
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 0 0 2 4

18. Description of Deviation and Comments with Recommendations, if any:

ON DEC 31, N915RB, PILOTED BY RONALD HALL, DEPARTED RUNWAY 1 AT DCA AND WAS CLEARED RWY HEADING TO THE 328 DEGREES RADIAL AND TO AVOID P-56. AFTER TAKE OFF THE PIC ENGAGED THE HEADING AND NAV MODE OF THE AUTOPILOT THEN TRANSFERRED THE CONTROLS TO THE SIC. AS THE PIC WAS COMPLETING THE AFTER TAKE OFF CHECKLIST HE NOTICED THAT THE CDI WAS SHOWING 2 TO 3 DOTS LEFT OF COURSE. AS THE AIRCRAFT WAS PASSING OVER THE VOR, A 328 DEGREES COURSE WAS MAINTAINED, ONCE OUT OF THE COURSE OF CONFUSION THE CREW REALIZED THAT A 40 KT CROSS-WIND HAD BLOWN THE AIRCRAFT EAST OF COURSE INTO P 56. HAD THE CREW USED THE RMI WHILE TRACKING TO AND FROM THE VOR SITUATIONAL AWARENESS COULD HAVE BEEN MAINTAINED.

19. Attachment(s):

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. 01 E A 27 00 32
- B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):


- A. 091 - 133 (a)
- B. _____ (_____)
- C. _____ (_____)
- D. _____ (_____)
- E. No EIR

23. Investigating Flight Standards Office:

- A. A E A FAA Region
- B. 27 ID (e.g., 25)

c. 703 - 661 - 8160 Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name FRITZ A HEUNEMANN
Type or Print
- C. Date 01 26 01
M M D D Y Y

25. Report Distributed to:

- A. ~~ASP-400~~ ATX-400
- B. Others, Specify AEA-230, AEA-500, ATCT, OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

13 35
1-2-01

PRELIMINARY PILOT DEVIATION REPORT

12/31

Incident Report Number
PEADCA00024

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations. If surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
12/31/00

B. UTC Time
22:19

C. Local Time
17:49

D. Nearest City or Town and State
DCA

2. Pilot Information (complete or mark box) All Information Unknown

A. Name and Address
Ronald Hall
[Redacted]
[Redacted]

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
2928893116

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, including Pilots

F. Other, Specify Secret Service

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
N915RB

B. Flight No. or Call Sign (if applicable)

C. Make
Cessna Citation X

D. Model
C750

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service

H. Unknown

I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One			
B. <input type="checkbox"/> Two			
C. <input type="checkbox"/> Three			
D. <input type="checkbox"/> Four or More			
E. <input type="checkbox"/> Unknown			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

[Redacted]

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify

Faxed Mello 1932E

16. Aircraft Altitude When Deviation Detected:
 A. 7,500
 B. Unknown

17. Transponder (mark one)
 A. Operating, With Altitude Reporting
 B. Operating, Without Altitude Reporting
 C. Not Functioning (broken or off)
 D. No Transponder
 E. Unknown

18. Was the Aircraft Equipped with TCAS?
 A. (1) Yes (2) No (3) Unknown
 B. If Yes, Was TCAS Operating During Deviation?
 (1) Yes (2) No (3) Unknown
 C. If Yes, Was TCAS Involved in Deviation?
 (1) Yes (2) No (3) Unknown
 D. If Yes, Describe Involvement

19. Fix or Facility Nearest Deviation (complete one)
 A. DCA VOR, TACAN, or NDB ID
 B. DCA Airport ID
 C. Airway Intersection ID
 D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19 (complete A&B or C&D)
 A. 0.05 Miles (nautical)
 B. 350 Degrees (magnetic)
 For Oceanic Airspace and Area Navigation Only:
 C.
 D.

21. Operational Control Area of Aircraft (mark a maximum of three)
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Class G Airspace
 G. Special Use Airspace, Specify
 H. Within Terminal Radar Service Area
 I. Towered Airport
 J. Nontowered Airport
 K. Unknown
 L. Other, Specify P56-b

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes)
 A. ARTCC
 B. DCA TRACON
 C. RAPCON, RATCH or ARAC
 D. ATCT
 E. AFSS or FSS
 F. None
 G. Unknown
 H. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes)
 A. ATC Altitude Clearance Deviation
 B. ATC Course Clearance Deviation
 C. Airspeed Clearance Violation
 D. Airspace Clearance Violation
 E. Flying VFR when IFR Required
 F. Pilot Unqualified for Aircraft or Conditions
 G. Required Aircraft Equipment Not Operating
 H. Careless or Reckless Aircraft Operation
 I. Unauthorized Low Level Flying
 J. Missed Compulsory Reporting Point
 K. Noncompliance with Other Regulations (specify FAR number(s))
 (1) (2)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one)
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Special Use Airspace, Specify
 G. None
 H. Unknown
 I. Other, Specify P56 b

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:
 No Clearance Deviation
 A. Foot Vertical or Unknown
 B. Foot Horizontal
 or 00 Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:
 No Loss of Separation
 A. Foot Vertical or Unknown
 B. Foot Horizontal
 or Miles (nautical), Horizontal or Unknown
 C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete)
 A. Incident Report (FAA Form 8020-11), Specify No(s)
 B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s)
 C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2-1), Specify No(s)
 D. Other (including TCAS), Specify
 E. None

28. Brief Description of Deviation and Comments (comments optional)
N715RB Departed Run 1 Cleared via Northwest Noise Abatement Procedure, Pilot attempted to offset slightly to the left of DCA 328R due to possible wake turbulence of B757 6 miles ahead. Instrumentation appeared to be faulty and aircraft appeared to be right of radial. When questioned pilot believed he was on

PRELIMINARY PILOT DEVIATION REPORT (Continued)

Incident Report Number: PEATDCA00027

28. Brief Description of Deviation and Comments (continued)

OCA 328R. Situation may have been affected by 40 kt crosswind (280°) at Altitude

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box)

Weather Reports, strip

No Attachments

30. Reporting Office:

A. [A|E|A] FAA Region

B. [D|C|A] Location ID

C. [7|0|B] - [4|1|3] - [1|5|4] Telephone No.

31. Name of Individual Completing Form:

James M. Sheddock

32. Facility Manager Approving Form:

A. Signature

B. Name

Type or Print

C. Date

M M D D Y Y

33. Report Distributed to:

A. FAA Region: [A|E|A] Flight Standards ID: [2|7]

B. Others, Specify

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed...

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed...

Complete items 1 to 8 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26...

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation.

- AL - Alaskan, GL - Great Lakes, SO - Southern, CE - Central, NE - New England, SW - Southwest, NW - Northwest, EA - Eastern, NM - Northwest Mountain, WP - Western Pacific

The fourth character identifies the type of facility completing the form:

- C - ARTCC, F - AFSS or FSS, R - TRACON, T - ATCT, Z - FSDO and Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025.

The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 98 for 1998.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

- AFSS - Automated Flight Service Station, ARAC - Army Radar Approach Control, ARTCC - Air Route Traffic Control Center, ATCT - Air Traffic Control Tower, CFR - Code of Federal Regulations, FAR - Federal Aviation Regulations, FSDO - Flight Standards District Office, FSS - Flight Service Station, GPS - Global Positioning System, MSL - Mean Sea Level, NDB - Nondirectional Beacon, RAPCON - Radar Approach Control, RATCF - Radar Air Traffic Control Facility, TACAN - Tactical Air Navigation, TCAS - Traffic Alert and Collision Avoidance System, TRACON - Terminal Radar Approach Control, VOR - Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 1

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)

0	1	2	0	0	1
M	M	D	D	Y	Y

B. UTC Time

1	6	2	4
---	---	---	---

C. Local Time

1	1	2	4
---	---	---	---

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
BRUCE L. SPICKARD
Name (first, middle, last)
[REDACTED]
Address
[REDACTED]
City State or Country ZIP

B. Home Base
HOUSTON, TX

C. Telephone Number
[REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
1,7,3,0,9,6,3

E. Date of Birth
[REDACTED]
M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft

--	--	--	--	--	--

 hours

B. Total, Make & Model in

--	--	--	--	--	--

 hours

C. Last 90 Days, All Aircraft

--	--	--	--	--	--

 hours

D. Last 90 Days, Make & Model in Deviation

--	--	--	--	--	--

 hours

E. Duty Time, Last 24 Hours (includes item 3F)

--	--	--	--	--	--

 hours

F. Flight Time, Last 24 Hours

--	--	--	--	--	--

 hours

G. Flight Time, Leg At Time of Deviation

--	--	--	--	--	--

 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Reported, Specify _____

C. Date of Last Medical 1,1,1,3,0,0
M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input checked="" type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							D. Simulator <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							G. Airline Transport Pilot Flight Test <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							I. Other, Specify _____ _____ _____
B. Proficiency <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							E. Route Check <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							H. Flight Test (private, commercial, or flight instruction) <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							
C. Instrument Flight <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							F. Instrument Currency or Recency of Flight <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>														

9. Aircraft Information:

A. Registration (N) No. N 1 5 6 5 9

B. Flight No. or Call Sign (if applicable)

COA 1455

C. Make

BOEING

D. Model

B-737

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

CONTINENTAL AIRLINES, INC.

Full Name

2929 ALLEN PKWY

Address

HOUSTON, TX 77019

City

State or Country

ZIP

B. Telephone Number

7 1 3 - 3 2 4 - 8 5 7 6

C. Certificate Number

C A L A O 1 4 A

12. Flight Information:

A. Departure Airport ID

K D C A

B. Destination Airport ID

K H O U

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- a. Aircraft
- b. Avionics
- c. ATC Procedures
- d. ATC Terminology and Phraseology
- e. English Language
- f. Preflight Planning
- g. Crew Coordination
- h. Weather
- i. Airport
- j. Current Charts and Approach Plates
- k. Unknown
- l. Other, Specify None
- m. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 1 | 0 | 0 | 1

18. Description of Deviation and Comments with Recommendations, if any:

ON DEPARTURE FROM RUNWAY 01 AT DCA, COA 1455 FAILED TO FOLLOW ATC DEPARTURE INSTRUCTIONS AND PENETRATED PROHIBITED AREA P-56.

19. Attachment(s) :

- A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0, 1, E, A, 2, 7, 0, 0, 2, 7
 B. No EIR Initiated

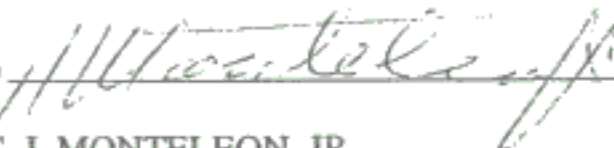
22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. 9, 1 - 1, 3, 3 (A)
 B. _____ (_____)
 C. _____ (_____)
 D. _____ (_____)
 E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
 B. 2, 7 ID (e.g., 25)
 C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
 B. Name C. J. MONTELEON, JR.
Type or Print
 C. Date 0, 2, 2, 1, 0, 1
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
 B. Others, Specify ASY-100, AEA-230, AEA-500, DCA-ATCT, OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margin. Sign and date the form (Item 24) before distribution.

1510

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 1

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0	1	2	0	0	1
M	M	D	D	Y	Y

B. UTC Time
1 16 24

C. Local Time
1 1 24

D. Nearest City or Town and State
Washington, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address

Bruce Spickard
Name (first, middle, last)

Address

City State Zip

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter "MILITARY")
1 7 3 0 9 6 3

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All information Unknown

A. Registration Number (N Number)

N 1 15 16 15 19

B. Flight No. or Call Sign (if applicable) COA1455

C. Make _____

D. Model B735/E

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One	F		
B. <input type="checkbox"/> Two	G		
C. <input type="checkbox"/> Three	H		
D. <input type="checkbox"/> Four or More	I		
E. <input type="checkbox"/> Unknown			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete Items 10 to 14 and 27 to 33)

B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

FEB 15 2001

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 0 1

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR, Flight Progress Strip, Certified Rerecording

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature James D. Slate, Jr.

B. Name James D. Slate, Jr.

Acting Air Traffic Manager, DCA

C. Date January 24, 2001

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ATX-400

Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

ii. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW - Southwest
EA - Eastern	NM - Northwest Mountain	WP - Western- Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

iii. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Non-directional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omni-directional Range

Station

INVESTIGATION OF PILOT DEVIATION REPORT

100
Incident Report Number

P E A T D C A 0 1 0 0 3

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time-UTC) <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/> <small>M M D D Y Y</small></p> <p>B. UTC Time <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="6"/></p> <p>C. Local Time <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="6"/></p> <p>D. Nearest City or Town and State <u>WASHINGTON, DC</u></p>	<p>2. Pilot Information:</p> <p>A. Name and Address <u>JOHN V. GALDIERI</u> <small>Name (first, middle, last)</small> [REDACTED] <small>Address</small> [REDACTED] <small>City State or Country ZIP</small></p> <p>B. Home Base _____</p> <p>C. Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>D. Pilot Certificate No. (or enter "MILITARY") <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="1"/></p> <p>E. Date of Birth [REDACTED] <small>M M D D Y Y</small></p>	<p>3. Pilot Hours (if hours unavailable, estimate):</p> <p>A. Total, All Aircraft <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> hours</p> <p>B. Total, Make & Model in <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours</p> <p>C. Last 90 Days, All Aircraft <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours</p> <p>D. Last 90 Days, Make & Model in Deviation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours</p> <p>E. Duty Time, Last 24 Hours (includes item 3F) <input type="text"/> <input type="text"/> hours</p> <p>F. Flight Time, Last 24 Hours <input type="text"/> <input type="text"/> hours</p> <p>G. Flight Time, Leg At Time of Deviation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours</p>
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4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input checked="" type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical
M M D D Y Y



<p>5. Pilot Rating(s) (mark appropriate boxes):</p> <p>A. <input checked="" type="checkbox"/> Single Engine Land</p> <p>B. <input checked="" type="checkbox"/> Multiengine Land</p> <p>C. <input type="checkbox"/> Single Engine Sea</p> <p>D. <input type="checkbox"/> Multiengine Sea</p> <p>E. <input type="checkbox"/> Rotorcraft</p> <p>F. <input type="checkbox"/> Glider</p> <p>G. <input type="checkbox"/> Lighter-than-air</p> <p>H. <input type="checkbox"/> None</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify _____</p>	<p>6. Pilot Instrument Rating (mark one):</p> <p>A. <input checked="" type="checkbox"/> Current</p> <p>B. <input type="checkbox"/> Not Current</p> <p>C. <input type="checkbox"/> None</p> <p>D. <input type="checkbox"/> Unknown</p>	<p>7. Prior Enforcement Actions Against Pilot (mark one):</p> <p>A. <input type="checkbox"/> One or More</p> <p>B. <input checked="" type="checkbox"/> None</p> <p>C. <input type="checkbox"/> Unknown</p>
---	--	---

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Simulator <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G. Airline Transport Pilot Flight Test <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I. Other, Specify _____
B. Proficiency <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E. Route Check <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	H. Flight Test (private, commercial, or flight instruction) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
C. Competency Flight <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F. Instrument Currency or Instrument Rating Flight Test <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		_____

9. Aircraft Information:

A. Registration (N) No. N 3 1 0 G O

B. Flight No. or Call Sign (if applicable)

C. Make

CESSNA

D. Model

310

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

FREDERICK S. LOUVRING

Full Name

3705 ARCTIC BLVD. #1078

Address

ANCHORAGE

City

AK

State or Country

99503

ZIP

B. Telephone Number

____ - ____ - _____

C. Certificate Number

12. Flight Information :

A. Departure Airport ID

B. Destination Airport ID

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 1 | 0 | 0 | 3

18. Description of Deviation and Comments with Recommendations, if any:

AIRCRAFT WAS FLYING SOUTHWEST TO NORTHEAST AND VIOLATED PROHIBITED AIRSPACE P56A. THERE WAS NO RADIO COMMUNICATION WITH THE AIRCRAFT. THERE WAS NO LOSS OF SEPARATION.

19. Attachment(s):

- A. FAA Form 8020-17
 B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
E | A | 2 | 7 | 2 | 0 | 0 | 1 | 3 | 9 |
 B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. 0 | 9 | 1 | • 1 | 3 | 3 | ()
 B. • ()
 C. • ()
 D. • ()
 E. No EIR

23. Investigating Flight Standards Office:

- A. A | E | A | FAA Region
 B. 2 | 7 | ID (e.g., 25)
 C. 7 | 0 | 3 | - 6 | 6 | 1 | - 8 | 1 | 6 | 0 | Telephone Number

24. Inspector Completing Form:

- A. Signature 
 B. Name JOHN E. GLEASON
Type or Print
 C. Date 0 | 5 | 0 | 3 | 0 | 1 |
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
 B. Others, Specify AEA-500, AEA-230, DCA ATCT
OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 3

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> </tr> <tr> <td style="font-size: 0.8em;">M</td> <td style="font-size: 0.8em;">M</td> <td style="font-size: 0.8em;">D</td> <td style="font-size: 0.8em;">D</td> <td style="font-size: 0.8em;">Y</td> <td style="font-size: 0.8em;">Y</td> </tr> </table> <p>B. UTC Time <u>0 10 15 16</u></p> <p>C. Local Time <u>1 19 15 16</u></p> <p>D. Nearest City or Town and State <u>Washington, DC</u></p>	0	2	1	9	0	1	M	M	D	D	Y	Y	<p>2. Pilot Information: (complete or mark box) <input type="checkbox"/> All information Unknown</p> <p>A. Name and Address</p> <p><u>John V. Goldieri III</u> <small>Name (first, middle, last)</small></p> <p><u>[REDACTED]</u> <small>Address</small></p> <p><u>[REDACTED]</u> <small>City State</small></p> <p>B. Daytime Telephone Number <u>[REDACTED]</u></p> <p>C. Pilot Certificate No. (or enter "MILITARY") <u>[REDACTED]</u></p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input checked="" type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input type="checkbox"/> Other, Specify _____</p>													
0	2	1	9	0	1																						
M	M	D	D	Y	Y																						
<p>4. Aircraft Information (complete or mark box) <input type="checkbox"/> All information Unknown</p> <p>A. Registration Number (N Number) <u>N 3 1 10 1G 1Q</u></p> <p>B. Flight No. or Call Sign (if applicable) <u>N310GQ</u></p> <p>C. Make <u>Cessna</u></p> <p>D. Model <u>C310</u></p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14 CFR 121 or 125) F. <input type="checkbox"/> Public (governmental)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129) G. <input type="checkbox"/> US Military, Specify Service _____</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135) H. <input checked="" type="checkbox"/> Unknown</p> <p>E. <input checked="" type="checkbox"/> General Aviation (14 CFR 91) I. <input type="checkbox"/> Other, Specify _____</p>																										
<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input checked="" type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi E. <input type="checkbox"/> Turning or Maneuvering I. <input type="checkbox"/> Unknown</p> <p>B. <input type="checkbox"/> Takeoff F. <input type="checkbox"/> Descent J. <input type="checkbox"/> Other, Specify _____</p> <p>C. <input type="checkbox"/> Climb G. <input type="checkbox"/> Approach</p> <p>D. <input checked="" type="checkbox"/> Level Flight or Cruise H. <input type="checkbox"/> Landing</p>																										
<p>8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">A. <input checked="" type="checkbox"/> One</td> <td style="width: 15%;">Aircraft N No.</td> <td style="width: 15%;">Flight No. or Call Sign (if applicable)</td> <td style="width: 15%;">Make</td> <td style="width: 15%;">Model</td> </tr> <tr> <td>B. <input type="checkbox"/> Two</td> <td>F <u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> </tr> <tr> <td>C. <input type="checkbox"/> Three</td> <td>G <u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> </tr> <tr> <td>D. <input type="checkbox"/> Four or More</td> <td>H <u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> </tr> <tr> <td>E. <input type="checkbox"/> Unknown</td> <td>I <u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> <td><u>[REDACTED]</u></td> </tr> </table>	A. <input checked="" type="checkbox"/> One	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model	B. <input type="checkbox"/> Two	F <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	C. <input type="checkbox"/> Three	G <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	D. <input type="checkbox"/> Four or More	H <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	E. <input type="checkbox"/> Unknown	I <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete items 15 to 33)</p>	
A. <input checked="" type="checkbox"/> One	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model																							
B. <input type="checkbox"/> Two	F <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>																							
C. <input type="checkbox"/> Three	G <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>																							
D. <input type="checkbox"/> Four or More	H <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>																							
E. <input type="checkbox"/> Unknown	I <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>																							
<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location</p> <p><u>[REDACTED]</u></p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>																									
<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 Feet</p> <p>B. <input type="checkbox"/> 100 - 499 Feet</p> <p>C. <input type="checkbox"/> 500 - 1,000 Feet</p> <p>D. <input type="checkbox"/> Over 1,000 Feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p style="text-align: center;"><i>If Surface Deviation Only, Skip to Item 27</i></p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>A. <input type="checkbox"/> Entry of Downwind Leg</p> <p>B. <input type="checkbox"/> Base Leg</p> <p>C. <input type="checkbox"/> Final Approach</p> <p>D. <input type="checkbox"/> Departure Leg or Exit</p> <p>E. <input type="checkbox"/> Not in Traffic Pattern</p> <p>F. <input type="checkbox"/> Unknown</p> <p>G. <input type="checkbox"/> Other, Specify _____</p>																								

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1</u> <u>3</u> , <u>4</u> <u>0</u> <u>0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D</u> <u>C</u> <u>A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K</u> <u>D</u> <u>C</u> <u>A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0</u> <u>0</u> <u>3</u> Miles (nautical)</p> <p>B. <u>0</u> <u>1</u> <u>0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____' Latitude</p> <p>D. _____' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D</u> <u>C</u> <u>A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Cumpulosry Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number[s]):</p> <p>(1) <u>9</u> <u>1</u> , <u>1</u> <u>3</u> <u>3</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u></p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>Aircraft was flying Southwest to Northeast and violated Prohibited Airspace P56A. There was no radio communication with the aircraft. No separation was lost.</u></p> <p>_____</p> <p>_____</p> <p>_____</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 0 3

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature James D. Slate, Jr.

B. Name James D. Slate, Jr.
Acting Air Traffic Manager, DCA

C. Date: February 28, 2001

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ATX-400,
Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other; Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------|
| C - ARTCC | R - TRACON | Z - FSDO and |
| F - AFSS or FSS | T - ATCT | Other |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|---------|--|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range |
| Station | |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P
E A T D C A 0 1 0 0 4

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 3 | 0 | 5 | 0 | 1]
 M M D D Y Y

B. UTC Time
 [1 | 5 | 3 | 9]

C. Local Time
 [1 | 0 | 3 | 9]

D. Nearest City or Town and State
Washington D.C.

2. Pilot Information:

A. Name and Address
Bryan Clark
 Name (first, middle, last)
 [REDACTED]
 Address
 [REDACTED]
 City State or Country ZIP

B. Home Base
Atlanta

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
 [3 | 5 | 8 | 4 | 6 | 6 | 2 | 0 | 1]

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [1 | 5 | 0 | 0 | 0] hours

B. Total, Make & Model in
 [2 | 1 | 1 | 9] hours

C. Last 90 Days, All Aircraft
 [1 | 1 | 1] hours

D. Last 90 Days, Make & Model in Deviation
 [1 | 1 | 1] hours

E. Duty Time, Last 24 Hours (includes item 3F)
 [2] hours

F. Flight Time, Last 24 Hours
 [2] hours

G. Flight Time, Leg At Time of Deviation
 [0 | 0] . [1] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [0 | 1 | 0 | 5 | 0 | 1]
 M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MMDDYY):

A. Flight Review [] [] [] [] [] []	D. Simulator [1 1 1 7 0 0]	G. Airline Transport Pilot Flight Test [] [] [] [] [] []	I. Other, Specify [] [] [] [] [] []
B. Proficiency [1 1 1 9 0 0]	E. Route Check [0 2 0 8 0 0]	H. Flight Test (private, commercial, or flight instruction) [] [] [] [] [] []	
C. Competency Flight [] [] [] [] [] []	F. Instrument Currency or Instrument Rating Flight Test [] [] [] [] [] []		

FILE COPY

9. Aircraft Information:

A. Registration (N) No. N 5 1 9 D A

B. Flight No. or Call Sign (if applicable)

DL925

C. Make

Boeing

D. Model

B-727

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Delta Airlines

Full Name

Hartsfield Atlanta International Airport

Address

Atlanta GA 30320

City

State or Country

ZIP

B. Telephone Number

4 0 4 - 7 1 5 - 2 5 8 1

C. Certificate Number

D A L A 0 2 6 A

12. Flight Information:

A. Departure Airport ID

D C A

B. Destination Airport ID

A T L

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

INVESTIGATION OF PILOT DEVIATION REPORT (Continued)

Incident Report Number

P E A T D C A 0 1 0 0 4

18. Description of Deviation and Comments with Recommendations, if any:

DAL925 departed RWY01 via noise abatement/P56 avoidance procedures. Both pilots and the flight engineer said that they were instructed to turn right to 360 degrees. They were then told by another voice to turn back to the left to intercept the 328 degree radial but by the time they were able to re-initiate their turn they had penetrated Prohibited area P-56. The certified rerecording confirms that they were instructed to turn to 360 degrees. No further action required.

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
- B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. [] [] [] [] [] [] [] [] [] [] ([])
- B. [] [] [] [] [] [] [] [] [] [] ([])
- C. [] [] [] [] [] [] [] [] [] [] ([])
- D. [] [] [] [] [] [] [] [] [] [] ([])
- E. No EIR

23. Investigating Flight Standards Office:

- A. [A, E, A] FAA Region
- B. [2, 7] ID (e.g., 25)
- C. [7, 0, 3] - [6, 6, 1] - [8, 1, 6, 0] Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name William Osborne
Type or Print
- C. Date [0, 5, 0, 8, 0, 1]
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
- B. Others, Specify AEA-500, AEA-200, ATX-400, DCA-ATC, Office File

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

**PRELIMINARY
PILOT DEVIATION REPORT**

3/05

Incident Report Number
PEATDCA 010074

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
030501

B. UTC Time
1530

C. Local Time
1055

D. Nearest City or Town and State
Washington DC

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
Capt. Brian Clarke
[Redacted]
[Redacted]

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
25846201

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, including Pilots
F. Other Specify

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
[Redacted]

B. Flight No. or Call Sign (if applicable) DAL 925

C. Make B707 BOEING

D. Model B727

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125) F. Public (governmental)
B. Foreign Air Carrier (14 CFR 129) G. US Military, Specify Service
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 135) H. Unknown
E. General Aviation (14 CFR 91) I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi E. Turning or Maneuvering L. Unknown
B. Takeoff F. Descent J. Other, Specify
C. Climb G. Approach
D. Level Flight or Cruise H. Landing

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. One Aircraft N No. Flight No. or Call Sign (if applicable) Make Model
B. Two
C. Three
D. Four or More
E. Unknown

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
	DAL 925	BOEING	B727

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)
B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location
16050

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify PROHIBITED AIRSPACE (P-5)

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet
B. 100 - 499 Feet
C. 500 - 1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind
B. Crosswind
C. Entry of Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify

MARK - US UI (MUN) 13:32 ULA IUNER

100-700 410 1010

1.000

To. Aircraft Altitude When Deviation Occurred:

A. 3,000

B. Unknown

17. Transponder (mark one):

- A. Operating, With Altitude Reporting
- B. Operating, Without Altitude Reporting
- C. Not Functioning (broken or off)
- D. No Transponder
- E. Unknown

18. Was the Aircraft Equipped with TCAS?

A. (1) Yes (2) No (3) Unknown

B. If Yes, Was TCAS Operating During Deviation?

(1) Yes (2) No (3) Unknown

C. If Yes, Was TCAS Involved in Deviation?

(1) Yes (2) No (3) Unknown

D. If Yes, Describe Involvement:

19. Fix or Facility Nearest Deviation (complete one)

A. DCA VOR, TACAN, or NDB ID

B. KDCA Airport ID

C. Airway Intersection ID

D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D):

A. 007 Miles (nautical)

B. 350 Degrees (magnetic)

For Oceanic Airspace and Area Navigation Only:

C. Latitude

D. Longitude

21. Operational Control Area of Aircraft (mark a maximum of three):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Class G Airspace

G. Special Use Airspace, Specify

H. Within Terminal Radar Service Area

I. Towered Airport

J. Nontowered Airport

K. Unknown

L. Other, Specify

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):

A. EDC ARTCC

B. DCA TRACON

C. RAPCON, RATCF or ARAC

D. ATCT

E. AFSS or FSS

F. None

G. Unknown

H. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):

A. ATC Altitude Clearance Deviation

B. ATC Course Clearance Deviation

C. Airspeed Clearance Violation

D. Airspace Clearance Violation

E. Flying VFR when IFR Required

F. Pilot Unqualified for Aircraft or Conditions

G. Required Aircraft Equipment Not Operating

H. Careless or Reckless Aircraft Operation

I. Unauthorized Low Level Flying

J. Missed Compulsory Reporting Point

K. Noncompliance with Other Regulations (specify FAR number(s):

(1) (2) (3)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Special Use Airspace, Specify

G. None

H. Unknown

I. Other, Specify PSB

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:

No Clearance Deviation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

25. If There Was Loss of Separation, Closest Separation Was:

No Loss of Separation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To-Be Filed (mark appropriate boxes and complete):

A. Incident Report (FAA Form 8020-11), Specify No(s).

B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s).

C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s).

D. Other (including TCAS), Specify

E. None

28. Brief Description of Deviation and Comments (comments optional):

DAL 925 DEPARTED RLY 01 VIA NASE ABNORMAL/PSB ABNORMAL PRO.
DAL 925 APPEARED TO BE SLOW TURNING AND MAY HAVE PENETRATED
PSB A.

PRELIMINARY PILOT DEVIATION REPORT (Continued)

INCIDENT REPORT NUMBER
P E A T D C A 0 1 1 2 2 4

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. DCA Location ID

C. 703 - 413 - 1530 Telephone No.

31. Name of Individual Completing Form:

JOHN M. WESTON
Type or Print

32. Facility Manager Approving Form:

A. Signature _____

B. Name _____
Type or Print

C. Date

M	M	D	D	Y	Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 27

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - Southwest |
| EA - Eastern | NM - Northwest Mountain | WP - Western Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- AFSS - Automated Flight Service Station
- ARAC - Army Radar Approach Control
- ARTCC - Air Route Traffic Control Center
- ATCT - Air Traffic Control Tower
- CFR - Code of Federal Regulations
- FAR - Federal Aviation Regulations
- FSDO - Flight Standards District Office
- FSS - Flight Service Station
- GPS - Global Positioning System
- msl - Mean Sea Level
- NDB - Nondirectional Beacon
- RAPCON - Radar Approach Control
- RATCF - Radar Air Traffic Control Facility
- TACAN - Tactical Air Navigation
- TCAS - Traffic Alert and Collision Avoidance System
- TRACON - Terminal Radar Approach Control
- VOR - Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 5

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 4 1 1 0 1
 M M D D Y Y

B. UTC Time
2 0 5 6

C. Local Time
1 6 5 6

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
HARRY C. WALKER III
 Name (first, middle, last)
[REDACTED]
 Address
[REDACTED]
 City State or Country ZIP

B. Home Base
CHICAGO, IL

C. Telephone Number
[REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
2 3 1 7 0 2 8 8 6

E. Date of Birth
[REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
4 6 6 0 hours

B. Total, Make & Model in
7 8 0 hours

C. Last 90 Days, All Aircraft
1 2 0 hours

D. Last 90 Days, Make & Model in Deviation
1 2 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
5 hours

F. Flight Time, Last 24 Hours
3 hours

G. Flight Time, Leg At Time of Deviation
0 0 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical
1 1 0 0 0 0
 M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <u> </u>	D. Simulator <u> </u>	G. Airline Transport Pilot Flight Test <u> </u>	I. Other, Specify <u> </u>
B. Proficiency <u>0 2 0 0 0 1</u>	E. Route Check <u>0 2 0 0 0 1</u>	H. Flight Test (private, commercial, or flight instruction) <u> </u>	
C. Competency Flight <u> </u>	F. Instrument Currency or Instrument Rating Flight Test <u> </u>		

AEA-230- 11A1 1 4 2001

9. Aircraft Information:

A. Registration (N) No. N 7 4 5 3 U

B. Flight No. or Call Sign (if applicable)

UNITED 623

C. Make

BOEING

D. Model

B-727-2A2

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

UNITED AIRLINES

Full Name

P.O. BOX 66100

Address

CHICAGO, IL 60666

City

State or Country

ZIP

B. Telephone Number

8 7 4 - 7 0 0 - 6 2 7 0

C. Certificate Number

12. Flight Information :

A. Departure Airport ID

K D C A

B. Destination Airport ID

K O R D

C. Local Flight:

- (1) Yes
- (2) No
- (3) Unknown

D. First Flight of Day for Pilot:

- (1) Yes
- (2) No
- (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify P-56 AVOIDANCE
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 0 5

18. Description of Deviation and Comments with Recommendations, if any:

DCA NOTAM 14/2 DESCRIBES DEPARTURES TO THE NORTHWEST. THE CREW MUST NOT HAVE READ AND UNDERSTOOD THE PROCEDURES TO AVOID P-56 AS DESCRIBED ON THEIR DISPATCH RELEASE.

NOTE: CMD/DENVER WILL HANDLE UNDER UALA FSAT

19. Attachment(s):

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
- B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. [] [] [] [] - [] [] [] [] ([])
- B. [] [] [] [] - [] [] [] [] ([])
- C. [] [] [] [] - [] [] [] [] ([])
- D. [] [] [] [] - [] [] [] [] ([])
- E. No EIR

23. Investigating Flight Standards Office:

- A. A E A FAA Region
- B. 2 7 ID (e.g., 25)
- C. 7 0 3 - 6 6 1 - 8 1 6 0 Telephone Number

24. Inspector Completing Form:

- A. Signature *Douglas J. Lundgren*
- B. Name DOUGLAS J. LUNDGREN
Type or Print
- C. Date 0 5 1 0 0 1
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
- B. Others, Specify AEA-230, AEA -500, DCA ATCT,
OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

[Handwritten signature]

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number
P E A T D C A 0 1 0 0 5

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0	4	1	1	0	1
M	M	D	D	Y	Y

B. UTC Time
2 10 15 16

C. Local Time
1 16 15 16

D. Nearest City or Town and State
Washington, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address

Harry C. Walker III
Name (last, middle, first)

[REDACTED]
Address

[REDACTED]
City State Zip

B. Daytime Telephone Number
[REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")
2 3 1 7 0 2 8 8 6

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
N 7 14 15 13 14

B. Flight No. or Call Sign (if applicable) **UAL623**

C. Make **B72Q/A**

D. Model _____

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

A. <input checked="" type="checkbox"/> One	Aircraft N No.	Fight No. or Call Sign (if applicable)	Make	Model
B. <input type="checkbox"/> Two	F			
C. <input type="checkbox"/> Three	G			
D. <input type="checkbox"/> Four or More	H			
E. <input type="checkbox"/> Unknown	I			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete Items 10 to 14 and 27 to 33)

B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

[REDACTED]

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

A. Entry of Downwind Leg

B. Base Leg

C. Final Approach

D. Departure Leg or Exit

E. Not in Traffic Pattern

F. Unknown

G. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>0</u> <u>1</u> , <u>0</u> <u>0</u> <u>0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D</u> <u>C</u> <u>A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K</u> <u>D</u> <u>C</u> <u>A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0</u> <u>0</u> <u>3</u> Miles (nautical)</p> <p>B. <u>3</u> <u>6</u> <u>0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ ' Latitude</p> <p>D. _____ ' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D</u> <u>C</u> <u>A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input checked="" type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):</p> <p>(1) <u>9</u> <u>1</u> - <u>1</u> <u>3</u> <u>3</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56A</u></p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>UAL623 received clearance via PDC with DCA in a South Operation. Pilot was issued "Depart South on DCA185R". When UAL623 called Ground Control (GC) for Taxi Instructions, DCA had changed to a North Operation. GC issued UAL623 "Depart NW via Noise Abatement and P56 Avoidance Procedures". UAL623 acknowledged the change to departure instructions. On climbout, UAL623 flew through P56A. No loss of separation occurred.</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 0 5

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR Plot, Flight Progress Strip, Controller Statements, Certified Rerecording

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature James D. Slate, Jr.

B. Name James D. Slate, Jr., Acting ATM
Type or Print

C. Date 0 4 1 6 0 1
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ~~ATX-400~~
Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P
E A T D C A 0 1 0 0 7

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)

0 4 | 1 4 | 0 1
M M D D Y Y

B. UTC Time

2 2 | 1 5

C. Local Time

1 8 | 1 5

D. Nearest City or Town and State

Washington, DC

2. Pilot Information:

A. Name and Address

Rodney Armstead

Name (first, middle, last)

Address

City

State or Country

ZIP

B. Home Base

Laurel, MD

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

2 3 0 1 1 0 4 2 6

E. Date of Birth

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft

1 0 5 hours

B. Total, Make & Model in

9 5 hours

C. Last 90 Days, All Aircraft

5 hours

D. Last 90 Days, Make & Model in Deviation

3 hours

E. Duty Time, Last 24 Hours (includes item 3F)

0 hours

F. Flight Time, Last 24 Hours

0 hours

G. Flight Time, Leg At Time of Deviation

0 1 . 0 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|--|--|
| (1) <input type="checkbox"/> Student | (5) <input type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input checked="" type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | | (7) <input type="checkbox"/> Unknown |
| (3) <input checked="" type="checkbox"/> Third Class | (5) <input type="checkbox"/> Self Certification | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical

1 2 | 2 9 | 9 8
M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input checked="" type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

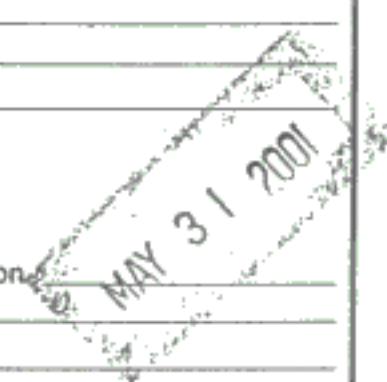
- A. Current
B. Not Current
C. None
D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
B. None
C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|-------------------------------|--|--|----------------------------|
| A. Flight Review
_____ | D. Simulator
_____ | G. Airline Transport Pilot Flight Test
_____ | I. Other, Specify
_____ |
| B. Proficiency
_____ | E. Route Check
_____ | H. Flight Test (private, commercial, or flight instruction)
0 7 2 9 9 9 | |
| C. Competency Flight
_____ | F. Instrument Currency or Instrument Rating Flight Test
_____ | | |



9. Aircraft Information:

A. Registration (N) No. [N 1 7 1 0 3 1 5 1 0]

B. Flight No. or Call Sign (if applicable)

C. Make

Cessna

D. Model

172

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name

Address

City

State or Country

ZIP

B. Telephone Number

C. Certificate Number

_____-_____-_____-_____

12. Flight Information :

A. Departure Airport ID

[W 1 8]

B. Destination Airport ID

[W 1 8]

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify GPS did not indicate part of P-56
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

2. D. Pilot's certificate number is 230110426

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 1 | 0 | 0 | 7

18. Description of Deviation and Comments with Recommendations, if any:

DCA ATC indicates N7035Q penetrated P-56. However, there is no conclusive evidence that N7035Q entered P-56. This office received no tape recorded conversation nor any record of N7035Q's contact with Baltimore ATC as indicated by DCA ATC. No action recommended.

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
- B. No EIR Initiated

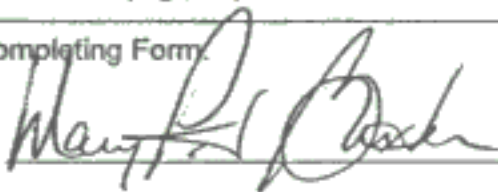
22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. [] [] [] [] [] [] [] [] ([])
- B. [] [] [] [] [] [] [] [] ([])
- C. [] [] [] [] [] [] [] [] ([])
- D. [] [] [] [] [] [] [] [] ([])
- E. No EIR

23. Investigating Flight Standards Office:

- A. A | E | A FAA Region
- B. 2 | 7 ID (e.g., 25)
- C. 7 | 0 | 3 - 6 | 6 | 1 - 8 | 1 | 6 | 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name Mary Pat Baxter
Type or Print
- C. Date 0 | 5 | 1 | 0 | 0 | 1
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
- B. Others, Specify AEA 200
AEA 500
DCA ATCT

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 7

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, C172 A01

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0	4	1	4	0	1
M	M	D	D	Y	Y

B. UTC Time
2 12 15

C. Local Time
1 18 15

D. Nearest City or Town and State
Washington, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address

Rodney Armstead
NAME (LAST, FIRST, MIDDLE, INITIAL)

[REDACTED]
Address

[REDACTED] [REDACTED]
City State Zip

B. Daytime Telephone Number
[REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")
2 3 1 1 0 4 2 6

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
N 7 10 13 15 10

B. Flight No. or Call Sign (if applicable) N7035Q

C. Make Cessna

D. Model C172

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

A. <input checked="" type="checkbox"/> One	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
B. <input type="checkbox"/> Two	F			
C. <input type="checkbox"/> Three	G			
D. <input type="checkbox"/> Four or More	H			
E. <input type="checkbox"/> Unknown	I			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete Items 10 to 14 and 27 to 33)

B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

A. Entry of Downwind Leg

B. Base Leg

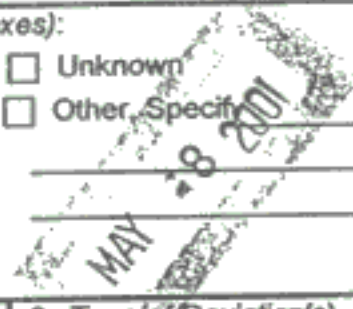
C. Final Approach

D. Departure Leg or Exit

E. Not in Traffic Pattern

F. Unknown

G. Other, Specify _____



<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1</u> <u>0</u> , <u>5</u> <u>0</u> <u>0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D</u> <u>C</u> <u>A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K</u> <u>D</u> <u>C</u> <u>A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0</u> <u>0</u> <u>3</u> Miles (nautical)</p> <p>B. <u>3</u> <u>4</u> <u>0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ ' Latitude</p> <p>D. _____ ' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56B</u></p> <p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air-Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D</u> <u>C</u> <u>A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):</p> <p>(1) <u>91</u> . <u>133</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56B</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ , _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ , _____ Feet, Horizontal</p> <p>or _____ , _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ , _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ , _____ Feet, Horizontal</p> <p>or _____ , _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>DCA began tracking VFR Beacon Code 1200 10 miles Northeast of DCA Southwestbound at 10,500 feet. The target continued Southwest and entered P56B. There was no radio contact with the aircraft until Pilot called BWI Approach inbound to Laurel Airport. There was no loss of separation.</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 0 7

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR Plot, Personnel Statement

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 1 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature James D. Slate, Jr.

B. Name James D. Slate, Jr.

Type or Print

C. Date 0 4 2 3 0 1
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ATX5400,
Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest	WP - Western-
	Mountain	Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range

Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 8

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 0 4 2 4 0 1
 M M D D Y Y

B. UTC Time
 2 0 2 0

C. Local Time
 1 6 2 0

D. Nearest City or Town and State
 WASHINGTON, DC

2. Pilot Information:

A. Name and Address
 JOE T. LITCHFIELD
 Name (first, middle, last)
 [REDACTED]
 Address
 [REDACTED]
 City State or Country ZIP

B. Home Base
 DUNCAN, OK

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
 1 8 6 6 6 2 4

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 8 8 0 0 hours

B. Total, Make & Model in
 4 3 0 hours

C. Last 90 Days, All Aircraft
 6 0 hours

D. Last 90 Days, Make & Model in Deviation
 6 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
 hours

F. Flight Time, Last 24 Hours
 7 0 hours

G. Flight Time, Leg At Time of Deviation
 0 2 5 hours

4. Pilot and Medical Certificate(s):

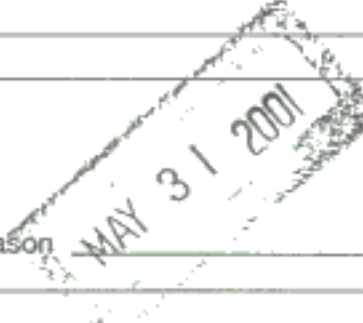
A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input checked="" type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input checked="" type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input checked="" type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical
 0 8 2 1 0 0
 M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input checked="" type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input checked="" type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review 1 2 2 3 0 0	D. Simulator 	G. Airline Transport Pilot Flight Test 	I. Other, Specify
B. Proficiency 	E. Route Check 	H. Flight Test (private, commercial, or flight instruction) 	
C. Competency Flight 	F. Instrument Currency or Instrument Rating Flight Test 1 2 2 3 0 0		

9. Aircraft Information:

A. Registration (N) No. N 1815JW

B. Flight No. or Call Sign (if applicable)

C. Make IA-1121

D. Model JET COMMANDER

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____

Address _____

City _____

State or Country _____

ZIP _____

B. Telephone Number

_____-_____-_____

C. Certificate Number

_____-_____-_____

12. Flight Information :

A. Departure Airport ID

K D C A

B. Destination Airport ID

K D S M

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization _____
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

BOX 2 ADDRESS - 8 HCR 70, PO BOX 194, ARDMORE, OK 73401

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P P E A T D C A 0 1 0 0

18. Description of Deviation and Comments with Recommendations, if any:

PILOT FAILED TO FOLLOW STANDARD DEPARTURE PROCEDURES AT DCA. RESULTANT DEPARTURE PATH PENETRATED P-56.

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
2 1 E A 2 7 0 0 5 2
- B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

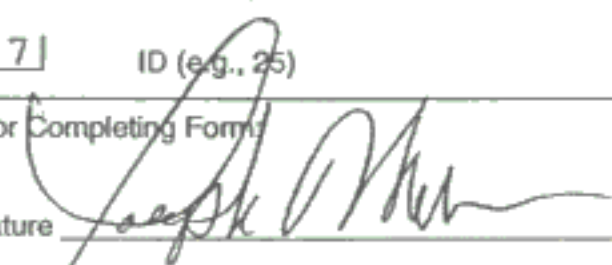
- A. 0 9 1 • 1 3 3 (A)
- B. _____ • _____ (_____)
- C. _____ • _____ (_____)
- D. _____ • _____ (_____)
- E. No EIR

23. Investigating Flight Standards Office:

- A. A E A FAA Region
- B. 2 7 ID (e.g., 25)

C. 7 0 3 - 6 6 1 - 8 1 6 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name JOSEPH T. MULLEN
Type or Print
- C. Date 0 5 2 3 0 1
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
- B. Others, Specify AEA-500, AEA-230, DCA ATCT,
FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number
PEATDCA01008

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
042401

B. UTC Time
2019

C. Local Time
1619

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address
JOSEPH T. LITCHFIELD
[Redacted]
City State Zip

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
[Redacted]

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All information Unknown

A. Registration Number (N Number)
N1851W

B. Flight No. or Call-Sign (if applicable)

C. Make **AC21**

D. Model

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. One

B. Two

C. Three

D. Four or More

E. Unknown

Aircraft N No	Flight No. or Call Sign (if applicable)	Make	Model
F N1851W	HERD COMMANDER	AC21	
G			
H			
I			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location
DCA

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify **PS63 VIOLATION**

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27.

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

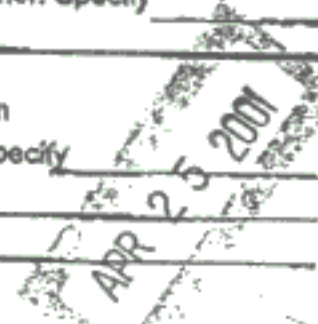
E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____



AAT - conf Diggins
ATX
DAB - KTSB

16. Aircraft Altitude When Deviation Detected:

A.

B. Unknown

17. Transponder (mark one):

A. Operating, With Altitude Reporting

B. Operating, Without Altitude Reporting

C. Not Functioning (broken or off)

D. No Transponder

E. Unknown

18. Was the Aircraft Equipped with TCAS?:

A. (1) Yes (2) No (3) Unknown

B. If Yes, Was TCAS Operating During Deviation?

(1) Yes (2) No (3) Unknown

C. If Yes, Was TCAS Involved in Deviation?

(1) Yes (2) No (3) Unknown

D. If Yes, Describe Involvement:

19. Fix or Facility Nearest Deviation (complete one)

A. DCA VOR, TACAN, or NDB ID

B. KIDCA Airport ID

C. Airway Intersection ID

D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D):

A. Miles (nautical)

B. Degrees (magnetic)

For Oceanic Airspace and Area Navigation Only:

C. Latitude

D. Longitude

21. Operational Control Area of Aircraft: (mark a maximum of three):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Class G Airspace

G. Special Use Airspace, Specify P56

H. Within Terminal Radar Service Area

I. Towered Airport

J. Nontowered Airport

K. Unknown

L. Other, Specify

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):

A. ARTCC

B. DCA TRACON

C. RAPCON, RATCF or ARAC

D. ATCT

E. AFSS or FSS

F. None

G. Unknown

H. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):

A. ATC Altitude Clearance Deviation

B. ATC Course Clearance Deviation

C. Airspeed Clearance Violation

D. Airspace Clearance Violation

E. Flying VFR when IFR Required

F. Pilot Unqualified for Aircraft or Conditions

G. Required Aircraft Equipment Not Operating

H. Careless or Reckless Aircraft Operation

I. Unauthorized Low Level Flying

J. Missed Compulsory Reporting Point

K. Noncompliance with Other Regulations (specify FAR number(s)):

(1) (2)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Special Use Airspace, Specify P56 VIOLATION

G. None

H. Unknown

I. Other, Specify

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:

No Clearance Deviation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:

No Loss of Separation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):

A. Incident Report (FAA Form 8020-11), Specify No(s).

B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s).

C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s).

D. Other (including TCAS), Specify NOISE EXCLUSION FORM

E. None

28. Brief Description of Deviation and Comments (comments optional):

APR. 24. 2001 8:12PM

7034131578

DCA TRACON

NO. 0934 P. 3 03
Incident Report Number

PRELIMINARY PILOT DEVIATION REPORT (Continued)

PEATDCA01008

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box):

No Attachments

30. Reporting Office:

A. AEA FAA Region

B. Location ID

C. - - Telephone No.

31. Name of Individual Completing Form:

VICTOR F. PADGETT

Type of Print

32. Facility Manager Approving Form:

A. Signature _____

B. Name _____
Type or Print

C. Date / /
M M D D Y Y

33. Report Distributed to:

A. FAA Region AEA Flight Standards ID 27

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and Other
F - AFSS or FSS	T - ATCT	

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 026. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 96 for 1996.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR Station	- Very High Frequency Omnidirectional Range

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 0 9

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)

0	4	2	5	0	1
M	M	D	D	Y	Y

B. UTC Time

2	2	0	7
---	---	---	---

C. Local Time

1	8	0	7
---	---	---	---

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address

MARK E. MCGLOTHLIN

Name (first, middle, last)

Address

City

State or Country

ZIP

B. Home Base

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")

2 0 7 4 6 9 5 7 7

E. Date of Birth

M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft

5	0	0	0
---	---	---	---

 hours

B. Total, Make & Model in

4	0	0
---	---	---

 hours

C. Last 90 Days, All Aircraft

2	0	0
---	---	---

 hours

D. Last 90 Days, Make & Model in Deviation

1	8	0
---	---	---

 hours

E. Duty Time, Last 24 Hours (includes item 3F)

9

 hours

F. Flight Time, Last 24 Hours

3

 hours

G. Flight Time, Leg At Time of Deviation

0	0	1
---	---	---

 hours

4. Pilot and Medical Certificate(s):

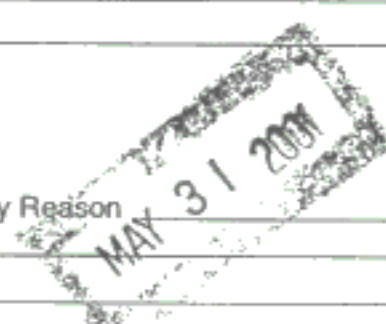
A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | (5) <input type="checkbox"/> Self Certification | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical 0 1 2 3 0 1
M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input type="checkbox"/> Single Engine Land | F. <input type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
B. Not Current
C. None
D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
B. None
C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|----------------------------|
| A. Flight Review
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> | | | | | | | D. Simulator
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> | | | | | | | G. Airline Transport Pilot Flight Test
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> | | | | | | | I. Other, Specify
_____ |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| B. Proficiency
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table> | 0 | 4 | 0 | 0 | 0 | 1 | E. Route Check
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table> | 0 | 4 | 0 | 0 | 0 | 1 | H. Flight Test (private, commercial, or flight instruction)
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> | | | | | | | |
| 0 | 4 | 0 | 0 | 0 | 1 | | | | | | | | | | | | | | | | |
| 0 | 4 | 0 | 0 | 0 | 1 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| C. Competency Flight
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table> | 0 | 4 | 0 | 0 | 0 | 1 | F. Instrument Currency or Instrument Rating Flight Test
<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> | | | | | | | | | | | | | | |
| 0 | 4 | 0 | 0 | 0 | 1 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

9. Aircraft Information:

A. Registration (N) No. N 3 5 T J

B. Flight No. or Call Sign (if applicable)

C. Make
LEARJET

D. Model
35

E. Aircraft Type (mark one):

- (1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea _____
 (4) Multiengine Sea _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

EAST COAST JETS

Full Name

600 HAYDEN CIRCLE

Address

ALLENTOWN, PA 18109

City

State or Country

ZIP

B. Telephone Number

6 1 0 - 2 6 6 - 1 3 0 0

C. Certificate Number

C D N A 7 7 0 0

12. Flight Information :

A. Departure Airport ID

K D C A

B. Destination Airport ID

K A C Y

C. Local Flight:

- (1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

- (1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify _____
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 1 | 0 | 0 | 9

18. Description of Deviation and Comments with Recommendations, if any:

LEARJET N35TJ, PILOTED BY MARK MCGLOTHLIN, DEPARTED RUNWAY 01 AT WASHINGTON NATIONAL AND TURNED NORTHWEST AS CLEARED. CAPTAIN MCGLOTHLIN FAILED TO MAKE A COMPLETE TURN TO JOIN THE DCA 328 RADIAL AND ENTERED P56 A AND B. AFTER A DISCUSSION WITH MARK MCGLOTHLIN ON MAY 11, 2001, HE STATED THAT HE COULD NOT PROVIDE CERTAIN INFORMATION AND THAT HE WOULD GET BACK WITH ME. CAPTAIN MCGLOTHLIN HAS FAILED TO SUPPLY ME WITH THE FOLLOWING INFORMATION AS OF MAY 23, 2001:

DUTY AND FLIGHT TIME WITHIN THE PAST 24 HOURS.
DATES OF PROFICIENCY COMPETENCY AND ROUTE CHECKS.

19. Attachment(s) :

- A. FAA Form 8020-17
B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
B. Other, Specify _____
C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
0, 1, E, A, 2, 7, 0, 0, 5, 3
B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 0, 9, 1 • 1, 3, 3 (A)
B. _____ • _____ (_____)
C. _____ • _____ (_____)
D. _____ • _____ (_____)
E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
B. 2, 7 ID (e.g., 25)
C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
B. Name FRITZ A. HEUNEMANN
Type or Print
C. Date 0, 5, 2, 4, 0, 1
M M D D Y Y

25. Report Distributed to:

- A. ASP-100
B. Others, Specify AEA-500, AEA-230, DCA ATCT,
OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

**PRELIMINARY
PILOT DEVIATION REPORT**

4/25

Incident Report Number

PEATDCA 01009

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

042501

B. UTC Time

2207

C. Local Time

1807

D. Nearest City or Town and State

WASA-DC

2. Pilot Information: (complete or mark box)

All Information Unknown

A. Name and Address

MARK E. MCGLOTHLIN

City State Zip

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter "MILITARY")

207469577

3. Deviation First Detected by (mark one):

- A. Error Detection Program (EDP)
- B. Radar Observation (excludes EDP)
- C. Visual Observation (tower)
- D. AFSS or FSS
- E. Public, including Pilots
- F. Other, Specify

4. Aircraft Information (complete or mark box)

All Information Unknown

A. Registration Number (N Number)

N3517J

B. Flight No. or Call Sign (if applicable)

LEAR JET

C. Make

35

D. Model

5. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 125)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 136)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. US Military, Specify Service
- H. Unknown
- I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
- B. Visual Flight Rules (VFR)
- C. Special VFR
- D. Defense VFR
- E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
- B. Takeoff
- C. Climb
- D. Level Flight or Cruise
- E. Turning or Maneuvering
- F. Descent
- G. Approach
- H. Landing
- I. Unknown
- J. Other, Specify

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

Aircraft	N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One	F			
B. <input type="checkbox"/> Two	G			
C. <input type="checkbox"/> Three	H			
D. <input type="checkbox"/> Four or More	I			
E. <input type="checkbox"/> Unknown				

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete items 10 to 14 and 27 to 33)
- B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
- B. Nonoperating Control Tower
- C. None, Nonlowered Public Airport
- D. None, Private Airport
- E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
- B. Takeoff on Wrong Runway or Taxiway
- C. Landed Without Clearance
- D. Landed or Takeoff Below Weather Minimums
- E. Landed on Wrong Runway, Taxiway, or Airport
- F. Entered Runway or Taxiway Without Clearance
- G. Careless or Reckless Aircraft Operation
- H. Did Not Close Flight Plan
- I. Other, Specify

APR 26 2001

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
- B. Personnel
- C. Another Aircraft, on Ground
- D. Another Aircraft, in Air
- E. Obstruction
- F. Not Applicable
- G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 Feet
- B. 100 - 499 Feet
- C. 500 - 1,000 Feet
- D. Over 1,000 Feet
- E. Not Applicable
- F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
- B. Crosswind
- C. Entry of Downwind Leg
- D. Base Leg
- E. Final Approach
- F. Departure Leg or Exit
- G. Not in Traffic Pattern
- H. Unknown
- I. Other, Specify

FAX DIGGERS AAT-200
2113E ATX-400 MTSB / D

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>2,000</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement:</p>
---	--	---

<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>DCA</u> VOR, TACAN, or NDB ID</p> <p>B. <u>DCA</u> Airport ID</p> <p>C. <u> </u> Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 18: (complete A&B or C&D):</p> <p>A. <u>0.04</u> Miles (nautical)</p> <p>B. <u>35.0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. <u> </u> Latitude</p> <p>D. <u> </u> Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify <u>P56-B</u></p> <p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify</p>
---	--	--

<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <u> </u> ARTCC</p> <p>B. <u>DCA</u> TRACON</p> <p>C. <u> </u> RAPCON, RATCF or ARAC</p> <p>D. <u> </u> ATCT</p> <p>E. <u> </u> AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify</p>	
--	--

23. Preliminary information indicates the Air Deviation Type Was (mark appropriate boxes):

A. <input type="checkbox"/> ATC Altitude Clearance Deviation	G. <input type="checkbox"/> Required Aircraft Equipment Not Operating
B. <input checked="" type="checkbox"/> ATC Course Clearance Deviation	H. <input type="checkbox"/> Careless or Reckless Aircraft Operation
C. <input type="checkbox"/> Airspeed Clearance Violation	I. <input type="checkbox"/> Unauthorized Low Level Flying
D. <input checked="" type="checkbox"/> Airspace Clearance Violation	J. <input type="checkbox"/> Missed Compulsory Reporting Point
E. <input type="checkbox"/> Flying VFR when IFR Required	K. <input type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):
F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions	(1) <u> </u> (2) <u> </u> (3) <u> </u>

24. Preliminary information indicates the Airspace Violation Was of (mark one):

A. <input type="checkbox"/> Class A Airspace	F. <input checked="" type="checkbox"/> Special Use Airspace, Specify <u>P56-B</u>
B. <input type="checkbox"/> Class B Airspace	G. <input type="checkbox"/> None
C. <input type="checkbox"/> Class C Airspace	H. <input type="checkbox"/> Unknown
D. <input type="checkbox"/> Class D Airspace	I. <input type="checkbox"/> Other, Specify
E. <input type="checkbox"/> Class E Airspace	

<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. <u> </u> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u> Feet, Horizontal</p> <p>or <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. <u> </u> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u> Feet, Horizontal</p> <p>or <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. <u> </u> Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>
---	---

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):

A. Incident Report (FAA Form 8020-11). Specify No(s).

B. Preliminary Near Midair Collision Report (FAA Form 8020-21). Specify No(s).

C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1). Specify No(s).

D. Other (including TCAS). Specify

E. None

28. Brief Description of Deviation and Comments (comments optional):

N35T1 DEPARTED RYDI AT DCA AND TURNED NORTHWESTBOUND AS CLEARED. N35T1 CLEARED P-56A HOWEVER APPEARED TO NOT TURN COMPLETELY TO JOIN THE DCA 328 RADIAL. N35T1 ENTERED P56B. THE DCA CONTROLLER ATTEMPTED TO TURN N35T1 HOWEVER IT WAS TOO LATE TO AVOID THE P56 VIOLATION.

**PRELIMINARY
 PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. Location ID

C. - - Telephone No.

31. Name of Individual Completing Form:

TOM NIEDERMAIER
 Type or Print

32. Facility Manager Approving Form:

A. Signature JAMES SLATS

B. Name _____
 Type or Print

C. Date / /
 M M D O Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 16 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.8), e.g., ZNY, or FSDO ID, e.g., 026. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 96 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 0

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 5 | 0 | 9 | 0 | 1]
 M M D D Y Y

B. UTC Time
 [1 | 1 | 6 | 5]

C. Local Time
 [0 | 7 | 5 | 6]

D. Nearest City or Town and State
WASH. D.C.

2. Pilot Information:

A. Name and Address
Unknown
 Name (first, middle, last)

Address _____

City _____ State or Country _____ ZIP _____

B. Home Base

C. Telephone Number
 _____ - _____ - _____

D. Pilot Certificate No. (or enter "MILITARY")

E. Date of Birth
 [] [] [] [] [] []
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [] [] [] [] [] [] hours

B. Total, Make & Model in
 [] [] [] [] [] [] hours

C. Last 90 Days, All Aircraft
 [] [] [] [] [] [] hours

D. Last 90 Days, Make & Model in Deviation
 [] [] [] [] [] [] hours

E. Duty Time, Last 24 Hours (includes item 3F)
 [] [] [] [] [] [] hours

F. Flight Time, Last 24 Hours
 [] [] [] [] [] [] hours

G. Flight Time, Leg At Time of Deviation
 [] [] [] [] [] [] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input checked="" type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [] [] [] [] [] []
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input checked="" type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

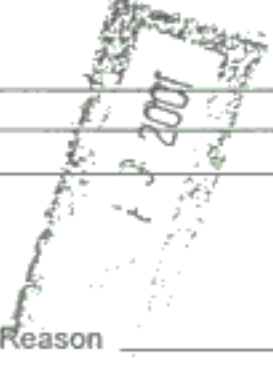
7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review [] [] [] [] [] []	D. Simulator [] [] [] [] [] []	G. Airline Transport Pilot Flight Test [] [] [] [] [] []	I. Other, Specify [] [] [] [] [] []
B. Proficiency [] [] [] [] [] []	E. Route Check [] [] [] [] [] []	H. Flight Test (private, commercial, or flight instruction) [] [] [] [] [] []	UNKNOWN
C. Competency Flight [] [] [] [] [] []	F. Instrument Currency or Instrument Rating Flight Test [] [] [] [] [] []		

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9. Aircraft Information:

A. Registration (N) No. F1G1P1N1J1

B. Flight No. or Call Sign (if applicable) _____

C. Make Falcon D. Model 900

E. Aircraft Type (mark one):

(1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea _____
 (4) Multiengine Sea _____

10. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information
 (complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____
 Address _____
 City _____ State or Country _____ ZIP _____

B. Telephone Number _____ C. Certificate Number _____

12. Flight Information :

A. Departure Airport ID _____
 B. Destination Airport ID _____

C. Local Flight:
 (1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:
 (1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify _____
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 1 | 0 | 1 | 0

18. Description of Deviation and Comments with Recommendations, if any:

Unable to locate aircraft or owner. No further action.

19. Attachment(s) :

A. FAA Form 8020-17

B. Other specify _____

20. Related Reports

A. Enforcement Investigative Report (EIR, specify in Item 21)

B. Other, Specify _____

C. No Related Reports

21. Status of EIR (mark one):

A. EIR Initiated, Specify No.

B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

A. _____ • _____ (_____)

B. _____ • _____ (_____)

C. _____ • _____ (_____)

D. _____ • _____ (_____)

E. No EIR

23. Investigating Flight Standards Office:

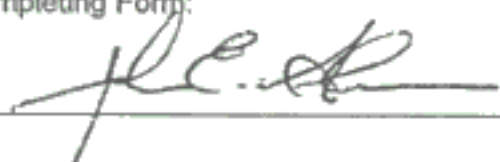
A. A, E, A FAA Region

c. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

B. 2, 7 ID (e.g., 25)

24. Inspector Completing Form:

A. Signature _____



B. Name John Gleason

Type or Print

C. Date 0, 6, 2, 2, 0, 1

M M D D Y Y

25. Report Distributed to:

A. ASP-100

B. Others, Specify AEA-200 AEA-500 ASY-400
DCA-ATCT Office file.

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number
PEATDCA01010

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
015109011
 M M M M M M M M M M M M M M M M

B. UTC Time
111516

C. Local Time
10171516

D. Nearest City or Town and State
WASH. D.C.

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address

 City State Zip

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter "MILITARY")

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excluding EDP)

C. Visual Observation (tower)

D. ATIS or FSS

E. Public, including Pilots

F. Other, Specify _____

4. Aircraft Information: (complete or mark box) All information Unknown

A. Registration Number (N Number)

B. Flight No. or Call Sign (if applicable) FGPW

C. Make Falco

D. Model 400

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 126)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. One

B. Two

C. Three

D. Four or More

E. Unknown

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
F			
G			
H			
I			

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

1029 AAT Gould
ATX
NTSB

4AY -09' D1 (WED) 10:10 DCA TOWER

TEL: 202 413 1570

16. Aircraft Altitude When Deviation Detected:
 A. 8,200
 B. Unknown

17. Transponder (mark one):
 A. Operating, With Altitude Reporting
 B. Operating, Without Altitude Reporting
 C. Not Functioning (broken or off)
 D. No Transponder
 E. Unknown

18. Was the Aircraft Equipped with TCAS?
 A. (1) Yes (2) No (3) Unknown
 B. If Yes, Was TCAS Operating During Deviation?
 (1) Yes (2) No (3) Unknown
 C. If Yes, Was TCAS Involved in Deviation?
 (1) Yes (2) No (3) Unknown
 D. If Yes, Describe Involvement:

19. Fix or Facility Nearest Deviation (complete one):
 A. DCA VOR, TACAN, or NDB ID
 B. DCA Airport ID
 C. Airway Intersection ID
 D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D)
 A. 0.03 Miles (nautical)
 B. 3.60 Degrees (magnetic)
 For Oceanic Airspace and Area Navigation Only:
 C.
 Latitude
 D.
 Longitude

21. Operational Control Area of Aircraft (mark a maximum of three):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Class G Airspace
 G. Special Use Airspace, Specify
 H. Within Terminal Radar Service Area
 I. Towered Airport
 J. Nontowered Airport
 K. Unknown
 L. Other, Specify

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):
 A. ARTCC
 B. DCA TRACON
 C. RAPCON, RACOF or ARAC
 D. ATCT

E. AFSS or FSS
 F. None
 G. Unknown
 H. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):
 A. ATC Altitude Clearance Deviation
 B. ATC Course Clearance Deviation
 C. Airspeed Clearance Violation
 D. Airspace Clearance Violation
 E. Flying VFR when IFR Required
 F. Pilot Unqualified for Aircraft or Conditions

G. Required Aircraft Equipment Not Operating
 H. Careless or Reckless Aircraft Operation
 I. Unauthorized Low Level Flying
 J. Missed Compulsory Reporting Point
 K. Noncompliance with Other Regulations (specify FAR number(s))
 (1) 91.133 (1) (2) (3)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace

F. Special Use Airspace, Specify
 G. None
 H. Unknown
 I. Other, Specify P56A

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:
 No Clearance Deviation
 A. Feet Vertical or Unknown
 B. Feet Horizontal
 or Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:
 No Loss of Separation
 A. Feet Vertical or Unknown
 B. Feet Horizontal
 or Miles (nautical), Horizontal or Unknown
 C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):
 A. Incident Report (FAA Form 8020-11), Specify No(s)
 B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s)
 C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s)
 D. Other (including TCAS), Specify
 E. None

28. Brief Description of Deviation and Comments (comments optional):
ATIS issued FGPNT a turn heading 330 in the vicinity of ADW as he was heading towards P56A. The pilot acknowledged the turn but did not comply. The ATIS observed FGPNT still tracking toward P56A and instead of turning to 330, the pilot again acknowledged but turned too late and entered P56A. NO USE of

PRELIMINARY PILOT DEVIATION REPORT (Continued)

Incident Report Number

PEATDCA 01010

28. Brief Description of Deviation and Comments (continued)

separation occurred. USSS NOTIFIED

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box)

No Attachments

30. Reporting Office:

A. A E A FAA Region

B. DCA Location ID

C. 703-413-1540 Telephone No.

31. Name of Individual Completing Form

Tom Edwards, Joan Weston

32. Facility Manager Approving Form:

A. Signature

B. Name James D. State, Jr.

C. Date 05/09/01
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 27

B. Others, Specify

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement, to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|------------------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central Southwest | NE - New England | SW - |
| EA - Eastern | NM - Northwest Mountain | WP - Western Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 028. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 1

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 5 | 2 | 9 | 0 | 1]
 M M D D Y Y

B. UTC Time
 [1 | 9 | 5 | 3]

C. Local Time
 [1 | 5 | 5 | 3]

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
KELLY DE GROOD
 Name (first, middle, last)
 [REDACTED]
 Address
 [REDACTED]
 City State or Country ZIP

B. Home Base
MT. HOPE, CANADA

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
A A 0 8 2 3 7 4

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [1 | 4 | 3 | 5 | 0] hours

B. Total, Make & Model in
 [2 | 7 | 0] hours

C. Last 90 Days, All Aircraft
 [1 | 0 | 0] hours

D. Last 90 Days, Make & Model in Deviation
 [1 | 0 | 0] hours

E. Duty Time, Last 24 Hours (includes item 3F)
 [2 | 0] hours

F. Flight Time, Last 24 Hours
 [2 | 0] hours

G. Flight Time, Leg At Time of Deviation
 [0 | 0] . [1] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class	(5) <input type="checkbox"/> Self Certification	(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class		(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [0 | 7 | 1 | 1 | 0 | 1]
 M M D D Y Y



5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input checked="" type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input checked="" type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review [0 7 0 8 0 1]	D. Simulator [0 7 0 8 0 1]	G. Airline Transport Pilot Flight Test [] [] [] [] [] []	I. Other, Specify [] [] [] [] [] []
B. Proficiency [] [] [] [] [] []	E. Route Check [] [] [] [] [] []	H. Flight Test (private, commercial, or flight instruction) [] [] [] [] [] []	
C. Competency Flight [] [] [] [] [] []	F. Instrument Currency or Instrument Rating Flight Test [] [] [] [] [] []		

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9. Aircraft Information:

A. Registration (N) No. [C, F, H, G, C,]

B. Flight No. or Call Sign (if applicable)

C. Make CANADAIR D. Model CHALLENGER

E. Aircraft Type (mark one):

- (1) Single Engine Land (2) Multiengine Land (3) Single Engine Sea (4) Multiengine Sea (5) Rotorcraft (6) Other, Specify

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or) B. Foreign Air Carrier (14 CFR 129) C. Commuter (14 CFR 135) D. Air Taxi (14 CFR 135) E. General Aviation (14 CFR 91) F. Public (governmental) G. U.S. Military, Specify Service H. Unknown I. Other, Specify

11. Aircraft Operator Information

(complete, or mark box if General Aviation): [X] General Aviation

A. Name and Address

Full Name Address City State or Country ZIP

B. Telephone Number C. Certificate Number

12. Flight Information :

A. Departure Airport ID

[K, D, C, A]

B. Destination Airport ID

[C, Y, Y, Z]

C. Local Flight:

(1) Yes (2) [X] No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data B. Avoidance of Weather C. Flying Visual Flight Rules (VFR) in Instrument Conditions D. Unknown E. Other, Specify F. [X] None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication B. Transponder C. Navigation, Excluding Autopilot D. Autopilot E. Altimeter F. Unknown G. Other, Specify H. [X] None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft B. Avionics C. ATC Procedures D. ATC Terminology and Phraseology E. English Language F. Preflight Planning G. Crew Coordination H. Weather I. Airport J. Current Charts and Approach Plates K. Unknown L. Other, Specify M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked B. Distracted Specify C. Fatigued D. Actively Scanning E. Not Actively Scanning F. Unable to Locate Traffic, Even With Traffic Advisory G. Disoriented or Lost H. Sick, Specify I. Not Following ATC Instructions Specify J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization K. Operating With Transponder Off L. Responding to TCAS Resolution Advisory M. Unknown N. Other, Specify O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

[X] FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P | E | A | T | D | C | A | 0 | 1 | 0 | 1 | 1

18. Description of Deviation and Comments with Recommendations, if any:

PILOT DEPARTED DCA, FAILED TO FOLLOW DEPARTURE PROCEDURES AND ENTERED P-56.

19. Attachment(s):

A. FAA Form 8020-17

B. Other specify _____

20. Related Reports

A. Enforcement Investigative Report (EIR, specify in Item 21)

B. Other, Specify _____

C. No Related Reports

21. Status of EIR (mark one):

A. EIR Initiated, Specify No.

0, 1, E, A, 2, 7, 0, 0, 6, 2

B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

A. 0, 9, 1 • 1, 2, 3 (a)

B. 0, 9, 1 • 1, 3, 3 (a)

C. _____ • _____ (_____)

D. _____ • _____ (_____)

E. No EIR

23. Investigating Flight Standards Office:

A. A, E, A FAA Region

c. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

B. 2, 7 ID (e.g., 25)

24. Inspector Completing Form:

A. Signature



B. Name JOSEPH T. MULLEN

Type or Print

C. Date 0, 8, 0, 3, 0, 1

M M D D Y Y

25. Report Distributed to:

A. ~~ASP-100~~ ATX-400

B. Others, Specify AEA-230, AEA-500, DCA ATCT, FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

RECEIVED

PRELIMINARY PILOT DEVIATION REPORT

JUN 19 2001

Incident Report Number

PEATDC A 0 1 0 1 1

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:
A. Date (Coordinated Universal Time - UTC)
0 5 2 9 0 1
M M D D Y Y
B. UTC Time
1 9 15 13
C. Local Time
1 5 15 13
D. Nearest City or Town and State
Washington, DC

2. Pilot Information: (complete or mark box)
A. Name and Address
Kelly DeGroot
Washington, DC
B. Daytime Telephone Number
C. Pilot Certificate No. (or enter "MILITARY")
A A 0 8 2 3 7 4

3. Deviation First Detected by (mark one):
A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (tower)
D. AFSS or FSS
E. Public, Including Pilots
F. Other, Specify USSS

4. Aircraft Information (complete or mark box)
A. Registration Number (N Number)
C F H G C
B. Flight No. or Call Sign (if applicable)
CFHGC
C. Make
Challenger
D. Model
CH64

5. Type of Operation at Time of Deviation (mark one):
A. U.S. Air Carrier (14 CFR 121 or 125)
B. Foreign Air Carrier (14 CFR 129)
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 135)
E. General Aviation (14 CFR 91)
F. Public (governmental)
G. US Military, Specify Service
H. Unknown
I. Other, Specify

6. Type of Flight Rules at Time of Deviation (mark one):
A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):
A. Taxi
B. Takeoff
C. Climb
D. Level Flight or Cruise
E. Turning or Maneuvering
F. Descent
G. Approach
H. Landing
I. Unknown
J. Other, Specify

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):
A. One
B. Two
C. Three
D. Four or More
E. Unknown
Aircraft N No. Flight No. or Call Sign (if applicable) Make Model

9. Type of Deviation(s) (mark appropriate boxes):
A. Surface (complete Items 10 to 14 and 27 to 33)
B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):
A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):
A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify

13. Loss of Separation With (mark appropriate boxes):
A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):
A. Under 100 Feet
B. 100 - 499 Feet
C. 500 - 1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):
A. Upwind
B. Crosswind
C. Entry of Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>2</u>, <u>300</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D C A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K D C A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>003</u> Miles (nautical)</p> <p>B. <u>360</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ Latitude</p> <p>D. _____ Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D C A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input type="checkbox"/> Other, Specify _____</p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):</p> <p>(1) <u>91</u> <u>133</u> (2) _____</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>CFHGC departed Runway 01 at DCA with departure instructions to 'Depart Northwest via Noise Abatement, P56 Avoidance Procedures'. After departure, the Local Controller observed CFHGC not turning Northwestbound and instructed him to Turn Left and intercept the DCA328 Radial and contact departure. CFHGC did not respond. The Local Controller again attempted unsuccessfully to instruct CFHGC to intercept the DCA328R after departure. CFHGC flew through P56A. The departure controller was able to issue CFHGC</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 1 1

28. Brief Description of Deviation and Comments (continued):

Fly Heading 020 to avoid P56B. There was no loss of separation.

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR, Certified Rerecording, Controller Statement, Weather, Flight Strip

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature _____

B. Name Lawrence L. Bicknell
Type or Print

C. Date 0 6 0 7 0 1
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ATX-400,
Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number
P E A T D C A 0 1 0 1 3

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

AEA-230- OCT 09 2001

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 8 | 0 | 9 | 0 | 1]
 M M D D Y Y

B. UTC Time
 [1 | 5 | 2 | 7]

C. Local Time
 [1 | 1 | 2 | 7]

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
RYAN J. GUMM
 Name (first, middle, last)
 [REDACTED]
 Address
 [REDACTED]
 City State or Country ZIP

B. Home Base
INS

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
2,9,0,8,6,0,6,3,1

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
1,6,0,0 hours

B. Total, Make & Model in
6,0 hours

C. Last 90 Days, All Aircraft
6,0 hours

D. Last 90 Days, Make & Model in Deviation
6,0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
1,2 hours

F. Flight Time, Last 24 Hours
2 hours

G. Flight Time, Leg At Time of Deviation
0,0 . 4 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [0 | 3 | 0 | 6 | 0 | 1]
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review [] [] [] [] [] []	D. Simulator [] [] [] [] [] []	G. Airline Transport Pilot Flight Test [0 3 2 2 0 1]	I. Other, Specify [] [] [] [] [] []
B. Proficiency [0 7 2 0 0 1]	E. Route Check [0 6 2 8 0 1]	H. Flight Test (private, commercial, or flight instruction) [] [] [] [] [] []	
C. Competency Flight [0 7 2 0 0 1]	F. Instrument Currency or Instrument Rating Flight Test [] [] [] [] [] []		

9. Aircraft Information: N/

A. Registration (N) No. [E, 3, 18, M, J,]

B. Flight No. or Call Sign (if applicable) ASH 5865
5865

C. Make EMBREAR D. Model 145

E. Aircraft Type (mark one):
 (1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea
 (4) Multiengine Sea

10. Type of Operation and Line of Deviation (mark one):
 A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information (complete, or mark box if General Aviation): General Aviation

A. Name and Address
MESA AIRLINES
 Full Name
410 N. 44TH ST, GATEWAY 3 BUILDING
 Address
PHOENIX, AZ 85008
 City State or Country ZIP

B. Telephone Number [6, 0, 2] - [6, 8, 5] - [4, 0, 0, 0] C. Certificate Number [M, A, S, A, 0, 3, 6, A,]

12. Flight Information:
 A. Departure Airport ID [D, C, A,]
 B. Destination Airport ID [A, T, L,]
 C. Local Flight:
 (1) Yes (2) No (3) Unknown
 D. First Flight of Day for Pilot:
 (1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):
 A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):
 A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify FMS
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):
 A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):
 A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

COMPLETED BLOCK 4A (AIRCRAFT REGISTRATION)

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number
P E A T D C A 0 1 0 1 3

18. Description of Deviation and Comments with Recommendations, if any:

ON AUGUST 9, 2001, MESA AIRLINES FLIGHT #5865, AN EMB 145 PILOTED BY CAPTAIN RYAN GUMM DEPARTED RUNWAY 1 AT DCA. HE WAS DIRECTED TO INTERCEPT THE DCA 328 DEGREE RADIAL IN ACCORDANCE WITH THE P56 AVOIDANCE/NOISE ABATEMENT PROCEDURE, BUT DUE TO HAVING THE INCORRECT VOR FREQUENCY SET IN THE VOR RECEIVER, OVERFLEW THE RADIAL AND SUBSEQUENTLY FLEW INTO P56 AIRSPACE.

19. Attachment(s):

- A. FAA Form 8020-17
B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
B. Other, Specify _____
C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
 2, 0, 0, 1, E, A, 0, 0, 9, 7
B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 0, 9, 1 - 1, 3, 3 (9)
B. 0, 9, 1 - 1, 2, 3 (9)
C. _____ - _____ (_____)
D. _____ - _____ (_____)
E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
B. 2, 7 ID (e.g., 25)
C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
B. Name FRITZ A. HEUNEMANN
 Type or Print
C. Date 0, 9, 2, 7, 0, 1
 M M D D Y Y

25. Report Distributed to:

- A. ~~ASP-100~~ ATX 400
B. Others, Specify AEA 230; AEA 500; DCA ATCT;
 FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

1785

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 3

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation,

<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC)</p> <p>0 8 0 9 0 1 M M D D Y Y</p> <p>B. UTC Time</p> <p>1 15 12 17</p> <p>C. Local Time</p> <p>1 11 12 17</p> <p>D. Nearest City or Town and State</p> <p>Washington, DC</p>	<p>2. Pilot Information: (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Name and Address</p> <p>Ryan Gumm Name (first, middle, last)</p> <p>[REDACTED] Address</p> <p>[REDACTED] State Zip</p> <p>B. Daytime Telephone Number</p> <p>[REDACTED]</p> <p>C. Pilot Certificate No. (or enter "MILITARY")</p> <p>2 9 0 8 6 0 6 3 1</p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input checked="" type="checkbox"/> Other, Specify <u>USSS</u></p>
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<p>4. Aircraft Information (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Registration Number (N Number)</p> <p>[REDACTED]</p> <p>B. Flight No. or Call Sign (if applicable) <u>ASH5865</u></p> <p>C. Make <u>E/145</u></p> <p>D. Model <u>T/E145/F</u></p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14 CFR 121 or 125) F. <input type="checkbox"/> Public (governmental)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129) G. <input type="checkbox"/> US Military, Specify Service</p> <p>C. <input checked="" type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135) H. <input type="checkbox"/> Unknown</p> <p>E. <input type="checkbox"/> General Aviation (14 CFR 91) I. <input type="checkbox"/> Other, Specify</p>
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<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input checked="" type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi E. <input type="checkbox"/> Turning or Maneuvering I. <input type="checkbox"/> Unknown</p> <p>B. <input type="checkbox"/> Takeoff F. <input type="checkbox"/> Descent J. <input type="checkbox"/> Other, Specify</p> <p>C. <input checked="" type="checkbox"/> Climb G. <input type="checkbox"/> Approach</p> <p>D. <input type="checkbox"/> Level Flight or H. <input type="checkbox"/> Landing</p> <p>Cruise</p>
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<p>8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <p>A. <input checked="" type="checkbox"/> One</p> <p>B. <input type="checkbox"/> Two</p> <p>C. <input type="checkbox"/> Three</p> <p>D. <input type="checkbox"/> Four or More</p> <p>E. <input type="checkbox"/> Unknown</p> <table border="1"> <thead> <tr> <th>Aircraft N No.</th> <th>Flight No. or Call Sign (if applicable)</th> <th>Make</th> <th>Model</th> </tr> </thead> <tbody> <tr> <td>F [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>G [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>H [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>I [REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </tbody> </table>	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model	F [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	G [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	H [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete Items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete Items 15 to 38)</p>
Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model																		
F [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
G [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
H [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
I [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		

<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location</p> <p>[REDACTED]</p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify</p>
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<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 Feet</p> <p>B. <input type="checkbox"/> 100 - 499 Feet</p> <p>C. <input type="checkbox"/> 500 - 1,000 Feet</p> <p>D. <input type="checkbox"/> Over 1,000 Feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p>If Surface Deviation Only, Skip to Item 27</p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>A. <input type="checkbox"/> Entry of Downwind Leg</p> <p>B. <input type="checkbox"/> Base Leg</p> <p>C. <input type="checkbox"/> Final Approach</p> <p>D. <input checked="" type="checkbox"/> Departure Leg or Exit</p> <p>E. <input type="checkbox"/> Not in Traffic Pattern</p> <p>F. <input type="checkbox"/> Unknown</p> <p>G. <input type="checkbox"/> Other, Specify</p>
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<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>3</u>, <u>400</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. _____ VOR, TACAN, or NDB ID</p> <p>B. <u>K D C A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>006</u> Miles (nautical)</p> <p>B. <u>348</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ ' Latitude</p> <p>D. _____ ' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D C A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. <u>D C A</u> ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>P56B</u></p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):</p> <p>(1) <u>91.177</u> (2) _____</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56B</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>ASH5865 deviated from the P56 Avoidance/Noise Abatement Profile, right of course, and subsequently, penetrated P56B. In a conversation with the pilot, he indicated that the crew was experiencing difficulty with the FMS, and during this time, they drifted into P56B. He also stated that upon departure, as they tried to follow the river to join the 328 Radial, there were stiff southwest winds. There was no loss of separation.</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 1 3

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

Flight Progress Strips, CDR, Controller Statements, Certified Re-recording

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature *Lawrence L. Bicknell*

B. Name Lawrence L. Bicknell

Type or Print

C. Date 0 8 1 6 0 1
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200,

ATX-400, Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number
P E A T D C A 0 1 0 1 4

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 8 1 7 0 1
 M M D D Y Y

B. UTC Time
1 3 1 2

C. Local Time
9 1 2

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
JOHN ELDRIDGE PUCKROPP
 Name (first, middle, last)
 Address
 City State or Country ZIP

B. Home Base
MIRAMAR, FL

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
4 3 5 3 1 6 5 5 3

E. Date of Birth

 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
7 4 0 0 hours

B. Total, Make & Model in
1 9 7 2 hours

C. Last 90 Days, All Aircraft
1 5 5 hours

D. Last 90 Days, Make & Model in Deviation
 _____ hours

E. Duty Time, Last 24 Hours (includes item 3F)
 _____ hours

F. Flight Time, Last 24 Hours
 _____ hours

G. Flight Time, Leg At Time of Deviation
 _____ hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class	(5) <input type="checkbox"/> Self Certification	(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class		(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical
0 2 2 6 0 1
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review _____	D. Simulator _____	G. Airline Transport Pilot Flight Test _____	I. Other, Specify _____
B. Proficiency <u>0 9 2 7 0 1</u>	E. Route Check _____	H. Flight Test (private, commercial, or flight instruction) _____	
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____		

AEA-230- OCT 24 2001

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INVESTIGATION OF PILOT DEVIATION REPORT (Continued)

Incident Report Number

P E A T D C A 0 1 0 1 4

18. Description of Deviation and Comments with Recommendations, if any:

SUBJECT FLIGHT WAS RECEIVING RADAR VECTORS FROM DCA ATC ON ARRIVAL TO THE DCA AIRPORT WHEN IT PENETRATED P-56A AND P-56B. THE DIRECTION WAS APPROXIMATELY SOUTH TO NORTH; THE PENETRATION ALTITUDE WAS 6,000 FEET; THE GROUND SPEED, 269 KNOTS.

RADAR PLOTS, CONTROLLER STATEMENTS, THE ATC RE-RECORDING, AND STATEMENTS REPORTED BY THE FLIGHT CREW INDICATED THEY FOLLOWED ALL DCA ATC INSTRUCTIONS WITH RESPECT TO ALTITUDE, HEADING, AND AIRSPEED. IT APPEARS IMPROBABLE THE CREW COULD HAVE DETERMINED, BY THEIR OWN RESOURCES, THEIR POSITION WITH SUFFICIENT EXACTITUDE AND IN TIME TO REQUEST RADAR VECTORS THAT WOULD HAVE PREVENTED THEIR PENETRATION OF THE PROHIBITED AREA.

19. Attachment(s) :

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify PDEA272001045
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No. _____
- B. No EIR Initiated

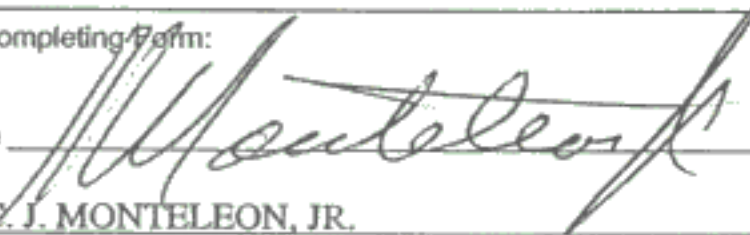
22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):

- A. _____ ()
- B. _____ ()
- C. _____ ()
- D. _____ ()
- E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
- B. 2, 7 ID (e.g., 25)
- C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name C. J. MONTELEON, JR.
Type or Print
- C. Date 1, 0, 1, 8, 0, 1
M M D D Y Y

25. Report Distributed to:

- A. ~~ASP-400~~ ATX 400
- B. Others, Specify AEA-230, AEA-500, DCA ATCT, FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number
PEATDCA01014

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0	8	1	7	0	1
M	M	D	D	Y	Y

B. UTC Time
1312

C. Local Time
0912

D. Nearest City or Town and State
Washington, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address
Joe Bilotti
Name (first, middle, last)
[REDACTED]
Address
[REDACTED]
State [REDACTED] Zip [REDACTED]

B. Daytime Telephone Number
[REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")
148648635

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)
 B. Radar Observation (excludes EDP)
 C. Visual Observation (tower)
 D. AFSS or FSS
 E. Public, Including Pilots
 F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number) _____

B. Flight No. or Call Sign (if applicable) NKS72

C. Make McDonnell-Douglas

D. Model MD80

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125) F. Public (governmental)
 B. Foreign Air Carrier (14 CFR 129) G. US Military, Specify Service _____
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135) H. Unknown
 E. General Aviation (14 CFR 91) I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)
 B. Visual Flight Rules (VFR)
 C. Special VFR
 D. Defense VFR
 E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi E. Turning or Maneuvering I. Unknown
 B. Takeoff F. Descent J. Other, Specify _____
 C. Climb G. Approach
 D. Level Flight or Cruise H. Landing

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One	F [REDACTED]			
B. <input type="checkbox"/> Two	G [REDACTED]			
C. <input type="checkbox"/> Three	H [REDACTED]			
D. <input type="checkbox"/> Four or More	I [REDACTED]			
E. <input type="checkbox"/> Unknown				

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete Items 10 to 14 and 27 to 33)
 B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower
 B. Nonoperating Control Tower
 C. None, Nontowered Public Airport
 D. None, Private Airport
 E. Unknown

11. Airport ID at Surface Deviation Location

[REDACTED]

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance
 B. Takeoff on Wrong Runway or Taxiway
 C. Landed Without Clearance
 D. Landed or Takeoff Below Weather Minimums
 E. Landed on Wrong Runway, Taxiway, or Airport
 F. Entered Runway or Taxiway Without Clearance
 G. Careless or Reckless Aircraft Operation
 H. Did Not Close Flight Plan
 I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle
 B. Personnel
 C. Another Aircraft, on Ground
 D. Another Aircraft, in Air
 E. Obstruction
 F. Not Applicable
 G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet
 B. 100 - 499 Feet
 C. 500 - 1,000 Feet
 D. Over 1,000 Feet
 E. Not Applicable
 F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind
 B. Crosswind
 C. Entry of Downwind Leg
 D. Base Leg
 E. Final Approach
 F. Departure Leg or Exit
 G. Not in Traffic Pattern
 H. Unknown
 I. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>6</u>, <u>7</u> <u>0</u> <u>0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D</u> <u>C</u> <u>A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K</u> <u>D</u> <u>C</u> <u>A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0</u> <u>0</u> <u>3</u> Miles (nautical)</p> <p>B. <u>3</u> <u>5</u> <u>0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ Latitude</p> <p>D. _____ Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D</u> <u>C</u> <u>A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>	<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>	
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number[s]):</p> <p>(1) <u>9</u> <u>1</u>, <u>1</u> <u>3</u> <u>3</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p>DCA was in a south operation and NKS72 was inbound from the south for a river visual. The controller instructed NKS72 three times to turn westbound, first TL320, then TL300, then told him he was getting too close to the Prohibited Area TL270. All three instructions were acknowledged, however, NKS72 did not comply and flew through P56A and P56B. No separation was lost.</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 1 4

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR, Controller Statement, Flight Progress Strip, Certified Rerecording

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature

James D. Slutz Jr.

B. Name Lawrence L. Bicknell

Type or Print

C. Date 0 8 2 1 0 1
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 1 9

B. Others, Specify AEA-505, AEA-200, ATX-400

Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 5

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 8 1 9 0 1
 M M D D Y Y

B. UTC Time
2 3 4

C. Local Time
2 2 3 4

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address

JAMES CLAYTON
 Name (first, middle, last)

[REDACTED]
 Address

[REDACTED]
 City State or Country ZIP

B. Home Base

C. Telephone Number

[REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")

1 2 9 7 7 2 1

E. Date of Birth

[REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
9 0 0 0 hours

B. Total, Make & Model in
7 0 0 hours

C. Last 90 Days, All Aircraft
5 0 hours

D. Last 90 Days, Make & Model in Deviation
5 0 hours

E. Duty Time, Last 24 Hours (includes item 3F)
0 hours

F. Flight Time, Last 24 Hours
0 hours

G. Flight Time, Leg At Time of Deviation
0 0 . 2 hours

JAN - 7 2002

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> Student | (5) <input checked="" type="checkbox"/> Airline Transport | (9) <input type="checkbox"/> None |
| (2) <input type="checkbox"/> Recreational | (6) <input type="checkbox"/> Flight Instructor | (10) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Private | (7) <input type="checkbox"/> Military | (11) <input type="checkbox"/> Other, Specify _____ |
| (4) <input type="checkbox"/> Commercial | (8) <input type="checkbox"/> Foreign Pilot | |

B. Medical Certificate(s) (mark appropriate boxes):

- | | | |
|---|---|--|
| (1) <input checked="" type="checkbox"/> First Class | (4) <input type="checkbox"/> Special Issuance, Specify Type _____ | (6) <input type="checkbox"/> Out of Date |
| (2) <input type="checkbox"/> Second Class | (5) <input type="checkbox"/> Self Certification | (7) <input type="checkbox"/> Unknown |
| (3) <input type="checkbox"/> Third Class | | (8) <input type="checkbox"/> None Required, Specify Reason _____ |

C. Date of Last Medical 0 5 2 2 0 1
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

- | | |
|---|--|
| A. <input type="checkbox"/> Single Engine Land | F. <input checked="" type="checkbox"/> Glider |
| B. <input checked="" type="checkbox"/> Multiengine Land | G. <input type="checkbox"/> Lighter-than-air |
| C. <input type="checkbox"/> Single Engine Sea | H. <input type="checkbox"/> None |
| D. <input type="checkbox"/> Multiengine Sea | I. <input type="checkbox"/> Unknown |
| E. <input checked="" type="checkbox"/> Rotorcraft | J. <input type="checkbox"/> Other, Specify _____ |

6. Pilot Instrument Rating (mark one):

- A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

- A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

- | | | | |
|--|--|--|----------------------------|
| A. Flight Review
<u>0 8 1 5 0 1</u> | D. Simulator
_____ | G. Airline Transport Pilot Flight Test
_____ | I. Other, Specify
_____ |
| B. Proficiency
_____ | E. Route Check
_____ | H. Flight Test (private, commercial, or flight instruction)
_____ | |
| C. Competency Flight
_____ | F. Instrument Currency or Instrument Rating Flight Test
_____ | | |

9. Aircraft Information:

A. Registration (N) No. N511CH

B. Flight No. or Call Sign (if applicable) _____

C. Make CESSNA D. Model CITATION 560

E. Aircraft Type (mark one):

(1) Single Engine Land (5) Rotorcraft
 (2) Multiengine Land (6) Other, Specify _____
 (3) Single Engine Sea
 (4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or
 B. Foreign Air Carrier (14 CFR 129)
 C. Commuter (14 CFR 135)
 D. Air Taxi (14 CFR 135)
 E. General Aviation (14 CFR 91)
 F. Public (governmental)
 G. U.S. Military, Specify Service _____
 H. Unknown
 I. Other, Specify _____

11. Aircraft Operator Information (complete, or mark box if General Aviation): General Aviation

A. Name and Address

Full Name _____
 Address _____
 City _____ State or Country _____ ZIP _____

B. Telephone Number _____ C. Certificate Number _____

12. Flight Information:

A. Departure Airport ID KIDCA

B. Destination Airport ID KTYIS

C. Local Flight:
 (1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:
 (1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data
 B. Avoidance of Weather
 C. Flying Visual Flight Rules (VFR) in Instrument Conditions
 D. Unknown
 E. Other, Specify _____
 F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication
 B. Transponder
 C. Navigation, Excluding Autopilot
 D. Autopilot
 E. Altimeter
 F. Unknown
 G. Other, Specify PRESSURIZATION
 H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft
 B. Avionics
 C. ATC Procedures
 D. ATC Terminology and Phraseology
 E. English Language
 F. Preflight Planning
 G. Crew Coordination
 H. Weather
 I. Airport
 J. Current Charts and Approach Plates
 K. Unknown
 L. Other, Specify _____
 M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked
 B. Distracted Specify _____
 C. Fatigued
 D. Actively Scanning
 E. Not Actively Scanning
 F. Unable to Locate Traffic, Even With Traffic Advisory
 G. Disoriented or Lost
 H. Sick, Specify _____
 I. Not Following ATC Instructions Specify _____
 J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
 K. Operating With Transponder Off
 L. Responding to TCAS Resolution Advisory
 M. Unknown
 N. Other, Specify _____
 O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

Lyndy

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 5

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0 8 1 9 0 1
M M D D Y Y

B. UTC Time

0 2 13 16

C. Local Time

2 2 13 16

D. Nearest City or Town and State

Washington, DC

2. Pilot Information: (complete or mark box)

All information Unknown

A. Name and Address

James Clayton

Name (first, middle, last)

Address

City

State

Zip

B. Daytime Telephone Number

C. Pilot Certificate No. (or enter "MILITARY")

1 2 9 7 7 2 1

3. Deviation First Detected by (mark one):

- A. Error Detection Program (EDP)
- B. Radar Observation (excludes EDP)
- C. Visual Observation (tower)
- D. AFSS or FSS
- E. Public, Including Pilots
- F. Other, Specify _____

4. Aircraft Information (complete or mark box)

All Information Unknown

A. Registration Number (N Number)

B. Flight No. or Call Sign (if applicable) N1CH

C. Make Citation

D. Model C560

5. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 125)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. US Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
- B. Visual Flight Rules (VFR)
- C. Special VFR
- D. Defense VFR
- E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
- B. Takeoff
- C. Climb
- D. Level Flight or Cruise
- E. Turning or Maneuvering
- F. Descent
- G. Approach
- H. Landing
- I. Unknown
- J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

- A. One
 - B. Two
 - C. Three
 - D. Four or More
 - E. Unknown
- | Aircraft N No. | Flight No. or Call Sign (if applicable) | Make | Model |
|----------------|---|-------|-------|
| F _____ | _____ | _____ | _____ |
| G _____ | _____ | _____ | _____ |
| H _____ | _____ | _____ | _____ |
| I _____ | _____ | _____ | _____ |

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete Items 10 to 14 and 27 to 33)
- B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
- B. Nonoperating Control Tower
- C. None, Nontowered Public Airport
- D. None, Private Airport
- E. Unknown

11. Airport ID at Surface Deviation Location

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
- B. Takeoff on Wrong Runway or Taxiway
- C. Landed Without Clearance
- D. Landed or Takeoff Below Weather Minimums
- E. Landed on Wrong Runway, Taxiway, or Airport
- F. Entered Runway or Taxiway Without Clearance
- G. Careless or Reckless Aircraft Operation
- H. Did Not Close Flight Plan
- I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
- B. Personnel
- C. Another Aircraft, on Ground
- D. Another Aircraft, in Air
- E. Obstruction
- F. Not Applicable
- G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 Feet
- B. 100 - 499 Feet
- C. 500 - 1,000 Feet
- D. Over 1,000 Feet
- E. Not Applicable
- F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
- B. Crosswind
- C. Entry of Downwind Leg
- D. Base Leg
- E. Final Approach
- F. Departure Leg or Exit
- G. Not in Traffic Pattern
- H. Unknown
- I. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>1</u>, <u>500</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D C A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K D C A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>003</u> Miles (nautical)</p> <p>B. <u>360</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____' Latitude</p> <p>D. _____' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air-Traffic-Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D C A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):</p> <p>(1) <u>91.133</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>N1CH was issued a clearance to depart NW via Noise Abatement and P56 Avoidance Procedures radar vectors to FLUKY. After departing RWY01, N1CH flew Runway Heading and flew through P56A. Prior to entering P56A, the Departure Controller issued N1CH an immediate left turn heading 270; however, N1CH continued Runway Heading through P56A and then flew through P56B as he turned westbound. The Investigation Team talked with the pilot and he stated that upon departure he experienced a pressurization problem. He was distracted by</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 1 5

28. Brief Description of Deviation and Comments (continued):

this problem and then realized that he was flying through P56A.

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box):

No Attachments

CDR, Flight Progress Strip, Certified Re-recording

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 1 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature

James D. Slutz Jr.

B. Name

Lawrence L. Bicknell

Type or Print

C. Date

0 8 2 4 0 1

M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ~~ATX400~~,

Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - |
| Southwest | | |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------|
| C - ARTCC | R - TRACON | Z - FSDO and |
| F - AFSS or FSS | T - ATCT | Other |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|--------|--|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range |

Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 6

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
0 8 | 2 8 | 0 1
 M M D D Y Y

B. UTC Time
2 1 | 0 8

C. Local Time
1 7 | 0 8

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
HAROLD TURNEY
 Name (first, middle, last)

 Address

 City State or Country ZIP

B. Home Base
LAGUARDIA AIRPORT

C. Telephone Number

D. Pilot Certificate No. (or enter "MILITARY")
0 6 9 4 0 9 0 7 2

E. Date of Birth

 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
8 3 0 0 hours

B. Total, Make & Model in
1 8 5 hours

C. Last 90 Days, All Aircraft
7 8 hours

D. Last 90 Days, Make & Model in Deviation
7 8 hours

E. Duty Time, Last 24 Hours (includes item 3F)
1 3 hours

F. Flight Time, Last 24 Hours
7 hours

G. Flight Time, Leg At Time of Deviation
0 1 . 2 hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input checked="" type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class	(5) <input type="checkbox"/> Self Certification	(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class		(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical 0 7 | 1 0 | 0 1
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review <u>0 7 2 3 0 1</u>	D. Simulator _____	G. Airline Transport Pilot Flight Test _____	I. Other, Specify <u>0 5 1 7 0 1</u>
B. Proficiency <u>0 1 2 8 0 1</u>	E. Route Check <u>0 5 3 1 0 1</u>	H. Flight Test (private, commercial, or flight instruction) _____	<u>EMB145 TYPE RIDE</u>
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____		

JAN - 7 2002

AEA-230- OCT 24 2001

9. Aircraft Information:

A. Registration (N) No. N 7 1 0

B. Flight No. or Call Sign (if applicable)
4854

C. Make
EMBRAER JET

D. Model
EMB135

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 121.1)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

AMERICAN EAGLE AIRLINES, INC.

Full Name

1700 WEST 20TH STREET

Address

DFW AIRPORT, TX 75261

City

State or Country

ZIP

B. Telephone Number

9 7 2 - 4 2 5 - 1 4 2 5

C. Certificate Number

S I M A 5 8 6 A

12. Flight Information:

A. Departure Airport ID

D C A

B. Destination Airport ID

C M H

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box):

FAA Form 8020-17 is complete and accurate

**INVESTIGATION OF
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 1 6

18. Description of Deviation and Comments with Recommendations, if any:

PILOT DID NOT FOLLOW ATC PROCEDURES AS DESCRIBED UNDER SPECIAL DEPARTURE PROCEDURES FOR RONALD REGAN WASHINGTON NATIONAL AIRPORT.

19. Attachment(s):

- A. FAA Form 8020-17
- B. Other specify _____

20. Related Reports

- A. Enforcement Investigative Report (EIR, specify in Item 21)
- B. Other, Specify _____
- C. No Related Reports

21. Status of EIR (mark one):

- A. EIR Initiated, Specify No.
 10, 1, E, A, 2, 7, 0, 0, 8, 9
- B. No EIR Initiated


22. Violation(s) Cited in EIR (specify FAR Number(s), or mark E if no EIR):

- A. 0, 9, 1 • 1, 3, 3 (A)
- B. • ()
- C. • ()
- D. • ()
- E. No EIR

23. Investigating Flight Standards Office:

- A. A, E, A FAA Region
- B. 2, 7 ID (e.g., 25)
- C. 7, 0, 3 - 6, 6, 1 - 8, 1, 6, 0 Telephone Number

24. Inspector Completing Form:

- A. Signature 
- B. Name WILLIAM W. DAVENPORT
 Type or Print
- C. Date 10, 1, 9, 0, 1
 M M D D Y Y

25. Report Distributed to:

- A. ASP-100
- B. Others, Specify AEA-500, AEA-230, DCA ATCT, OFFICE FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E I A T D I C A 0 1 0 1 6

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0 8 2 8 0 1
M M D D Y Y

B. UTC Time

2 1 1 0 1 8

C. Local Time

1 7 1 0 1 8

D. Nearest City or Town and State

Washington, DC

2. Pilot Information: (complete or mark box)

All information Unknown

A. Name and Address

Harold Turney

Name (first, middle, last)

[REDACTED]

[REDACTED]

[REDACTED] State Zip

B. Daytime Telephone Number

[REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")

6 9 4 0 9 0 7 2

3. Deviation First Detected by (mark one):

- A. Error Detection Program (EDP)
- B. Radar Observation (excludes EDP)
- C. Visual Observation (tower)
- D. AFSS or FSS
- E. Public, Including Pilots
- F. Other, Specify _____

4. Aircraft Information (complete or mark box)

All Information Unknown

A. Registration Number (N Number)

[REDACTED]

B. Flight No. or Call Sign (if applicable) EGF854

C. Make E135

D. Model

5. Type of Operation at Time of Deviation (mark one):

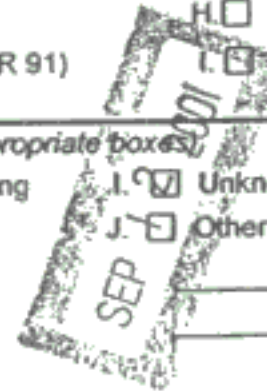
- A. U.S. Air Carrier (14 CFR 121 or 125)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. US Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
- B. Visual Flight Rules (VFR)
- C. Special VFR
- D. Defense VFR
- E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
- B. Takeoff
- C. Climb
- D. Level Flight or Cruise
- E. Turning or Maneuvering
- F. Descent
- G. Approach
- H. Landing



8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

- A. One
 - B. Two
 - C. Three
 - D. Four or More
 - E. Unknown
- | Aircraft N No. | Flight No. or Call Sign (if applicable) | Make | Model |
|----------------|---|------------|------------|
| F [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| G [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| H [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| I [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete Items 10 to 14 and 27 to 33)
- B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
- B. Nonoperating Control Tower
- C. None, Nontowered Public Airport
- D. None, Private Airport
- E. Unknown

11. Airport ID at Surface Deviation Location

[REDACTED]

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
- B. Takeoff on Wrong Runway or Taxiway
- C. Landed Without Clearance
- D. Landed or Takeoff Below Weather Minimums
- E. Landed on Wrong Runway, Taxiway, or Airport
- F. Entered Runway or Taxiway Without Clearance
- G. Careless or Reckless Aircraft Operation
- H. Did Not Close Flight Plan
- I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
- B. Personnel
- C. Another Aircraft, on Ground
- D. Another Aircraft, in Air
- E. Obstruction
- F. Not Applicable
- G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 Feet
- B. 100 - 499 Feet
- C. 500 - 1,000 Feet
- D. Over 1,000 Feet
- E. Not Applicable
- F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
- B. Crosswind
- C. Entry of Downwind Leg
- D. Base Leg
- E. Final Approach
- F. Departure Leg or Exit
- G. Not in Traffic Pattern
- H. Unknown
- I. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>3</u>, <u>0</u> <u>0</u> <u>0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D</u> <u>C</u> <u>A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K</u> <u>D</u> <u>C</u> <u>A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0</u> <u>0</u> <u>3</u> Miles (nautical)</p> <p>B. <u>3</u> <u>5</u> <u>0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ ' Latitude</p> <p>D. _____ ' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D</u> <u>C</u> <u>A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		<p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):</p> <p>(1) <u>9</u> <u>1</u>, <u>1</u> <u>3</u> <u>3</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input checked="" type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p>EGF854 was issued a clearance to depart RWY01 at DCA Northwest via Noise Abatement and P56 Avoidance Procedures radar vectors to Linden. EGF854 read back his squawk only on clearance readback. After departing RWY01, EGF854 flew Runway Heading and proceeded through P56A and P56B.</p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 1 0 1 6

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR, Flight Progress Strip, Certified Re-recording

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 3 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature

James L. Bicknell

B. Name Lawrence L. Bicknell

Type or Print

C. Date 0 8 3 1 0 1
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ~~ATX-400~~

Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range

Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 1 0 1 7

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 1 2 2 2 0 1
 M M D D Y Y

B. UTC Time
 1 8 1 0

C. Local Time
 1 3 1 0

D. Nearest City or Town and State
 WASHINGTON, DC

2. Pilot Information:

A. Name and Address
 STEPHEN MARTIN STEEN
Name (first, middle, last)
 [REDACTED]
Address
 [REDACTED]
 City State or Country ZIP

B. Home Base

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
 2 1 3 0 4 0 8

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 1 3 9 0 0 hours

B. Total, Make & Model in
 _____ hours

C. Last 90 Days, All Aircraft
 _____ hours

D. Last 90 Days, Make & Model in Deviation
 _____ hours

E. Duty Time, Last 24 Hours (includes item 3F)
 _____ hours

F. Flight Time, Last 24 Hours
 _____ hours

G. Flight Time, Leg At Time of Deviation
 _____ hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class	(5) <input type="checkbox"/> Self Certification	(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class		(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical
 10 8 2 3 0 1
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review _____	D. Simulator _____	G. Airline Transport Pilot Flight Test _____	I. Other, Specify _____
B. Proficiency _____	E. Route Check _____	H. Flight Test (private, commercial, or flight instruction) _____	
C. Competency Flight _____	F. Instrument Currency or Instrument Rating Flight Test _____		

AEA-230- JAN 17 2002

9. Aircraft Information:

A. Registration (N) No. _____

B. Flight No. or Call Sign (if applicable)

AAL 625

C. Make

BOEING

D. Model

737-800

E. Aircraft Type (mark one):

(1) Single Engine Land (5) Rotorcraft

(2) Multiengine Land (6) Other, Specify _____

(3) Single Engine Sea

(4) Multiengine Sea

10. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. U.S. Military, Specify Service _____

H. Unknown

I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

AMERICAN AIRLINES, INC.

Full Name

DFW INTERNATIONAL AIRPORT, PO BOX 619616, MD5624

Address

DFW AIRPORT, TEXAS 75261-9616

City

State or Country

ZIP

B. Telephone Number

[8, 1, 7] - [9, 6, 7] - [3, 5, 0, 0]

C. Certificate Number

[A, A, L, A, 0, 2, 5, A]

12. Flight Information :

A. Departure Airport ID

[K, I, D, I, C, I, A]

B. Destination Airport ID

[K, I, M, I, I, A]

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

A. Pilot Received Inaccurate Weather Data

B. Avoidance of Weather

C. Flying Visual Flight Rules (VFR) in Instrument Conditions

D. Unknown

E. Other, Specify _____

F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

A. Communication

B. Transponder

C. Navigation, Excluding Autopilot

D. Autopilot

E. Altimeter

F. Unknown

G. Other, Specify _____

H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

A. Aircraft

B. Avionics

C. ATC Procedures

D. ATC Terminology and Phraseology

E. English Language

F. Preflight Planning

G. Crew Coordination

H. Weather

I. Airport

J. Current Charts and Approach Plates

K. Unknown

L. Other, Specify [REDACTED]

M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

A. Overworked

B. Distracted Specify _____

C. Fatigued

D. Actively Scanning

E. Not Actively Scanning

F. Unable to Locate Traffic, Even With Traffic Advisory

G. Disoriented or Lost

H. Sick, Specify _____

I. Not Following ATC Instructions Specify _____

J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization

K. Operating With Transponder Off

L. Responding to TCAS Resolution Advisory

M. Unknown

N. Other, Specify _____

O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

INVESTIGATION OF PILOT DEVIATION REPORT (Continued)

Incident Report Number

P E A T D C A 0 1 0 1 7

18. Description of Deviation and Comments with Recommendations, if any:
DCA ATIS ADVISES PILOTS TO AVOID PROHIBITED AREAS NORTH OF THE AIRPORT. THERE IS A SIGN AT THE APPROACH END OF RUNWAY 01 ADVISING PILOTS TO AVOID THE PROHIBITED AREAS NORTH OF THE AIRPORT. UNDER THE DEPARTURE PROCEDURES FOR DCA, THE REQUIREMENT FOR DEPARTING AIRCRAFT TO TURN LEFT AS SOON AS PRACTICABLE TO INTERCEPT DCA R-328 IS DEFINED CLEARLY. PILOTS HAVE ADEQUATE NOTICE TO AVOID P-56.

19. Attachment(s):
 A. FAA Form 8020-17
 B. Other specify RADAR PILOT AND TAPE

20. Related Reports
 A. Enforcement Investigative Report (EIR, specify in Item 21)
 B. Other, Specify _____
 C. No Related Reports

21. Status of EIR (mark one):
 A. EIR Initiated, Specify No. _____
 B. No EIR Initiated

22. Violation(s) Cited in EIR (specify FAR Number[s], or mark E if no EIR):
 A. [] [] [] [] [] [] ([] [])
 B. [] [] [] [] [] [] ([] [])
 C. [] [] [] [] [] [] ([] [])
 D. [] [] [] [] [] [] ([] [])
 E. No EIR

23. Investigating Flight Standards Office:
 A. [A, E, A] FAA Region
 B. [2, 7] ID (e.g., 25)
 C. [7, 0, 3] - [6, 6, 1] - [8, 1, 6, 0] Telephone Number

24. Inspector Completing Form:
 A. Signature M. H. Dent
 B. Name M. H. DENT, JR.
Type or Print
 C. Date 0, 1, 1, 1, 0, 2
M M D D Y Y

25. Report Distributed to:
 A. ASP-100
 B. Others, Specify AEA-230, AEA-500, DCA ATCT, FILE

INSTRUCTIONS

The FAA Form 8020-18 must be completed within 90 days of the notification of a pilot deviation on FAA Form 8020-17, "Preliminary Pilot Deviation Report." The FAA Form 8020-18 must be assigned the same incident report number as the corresponding FAA Form 8020-17. Instructions on distribution of FAA Form 8020-18 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

The inspector completing the FAA Form 8020-18 is responsible for ensuring that all information reported on FAA Form 8020-17 is complete and accurate. If any information on FAA Form 8020-17 is found to be incomplete or inaccurate, the inspector must provide additions or corrections to that information in item 17.

Complete all items. If the categories given are inadequate, complete "Other, Specify." Provide any comments in item 18, not the margins. Sign and date the form (Item 24) before distribution.

PRELIMINARY PILOT DEVIATION REPORT

8 DB 12/26/01

12/22/01

PEATDCA 11017

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)
12/22/01

B. UTC Time
1118110

C. Local Time
113110

D. Nearest City or Town and State
WASHINGTON DC

2. Pilot Information: (complete or mark box) All Information Unknown

A. Name and Address
STEPHEN M. STEEN
[Redacted Address]

B. Daytime Telephone Number
[Redacted]

C. Pilot Certificate No. (or enter "MILITARY")
21304081

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)
[Redacted]

B. Flight No. or Call Sign (if applicable)
AAL625

C. Make
B738

D. Model

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight when Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Manoeuvring

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One			
B. <input type="checkbox"/> Two			
C. <input type="checkbox"/> Three			
D. <input type="checkbox"/> Four or More			
E. <input type="checkbox"/> Unknown			

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)

B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

[Redacted]

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft on Ground

D. Another Aircraft in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Slip to Row 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____

fayed Soucy 1726

AAT
ATX
NTSI
12/1

16. Aircraft Altitude When Deviation Detected:

A. 2,000

B. Unknown

17. Transponder (mark one):

A. Operating, With Altitude Reporting

B. Operating, Without Altitude Reporting

C. Not Functioning (broken or off)

D. No Transponder

E. Unknown

18. Was the Aircraft Equipped with TCAS?:

A. (1) Yes (2) No (3) Unknown

B. If Yes, Was TCAS Operating During Deviation?

(1) Yes (2) No (3) Unknown

C. If Yes, Was TCAS Involved in Deviation?

(1) Yes (2) No (3) Unknown

D. If Yes, Describe Involvement:

19. Fix or Facility Nearest Deviation (complete one):

A. DCA VOR, TACAN, or NDB ID

B. Airport ID

C. Airway Intersection ID

D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19: (complete A&B or C&D):

A. 003 Miles (nautical)

B. 360 Degrees (magnetic)

For Oceanic Airspace and Area Navigation Only:

C. Latitude

D. Longitude

21. Operational Control Area of Aircraft (mark a maximum of three):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Class G Airspace

G. Special Use Airspace, Specify

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):

A. ARTCC

B. DCA TRACON

C. RAPCON, RATCF or ARAC

D. DCA ATCT

E. AFSS or FSS

F. None

G. Unknown

H. Other, Specify

H. Within Terminal Radar Service Area

I. Towered Airport

J. Nontowered Airport

K. Unknown

L. Other, Specify

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):

A. ATC Altitude Clearance Deviation

B. ATC Course Clearance Deviation

C. Airspeed Clearance Violation

D. Airspace Clearance Violation

E. Flying VFR when IFR Required

F. Pilot Unqualified for Aircraft or Conditions

G. Required Aircraft Equipment Not Operating

H. Careless or Reckless Aircraft Operation

I. Unauthorized Low Level Flying

J. Missed Compulsory Reporting Point

K. Noncompliance with Other Regulations (specify FAR number(s):

(1) (2)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):

A. Class A Airspace

B. Class B Airspace

C. Class C Airspace

D. Class D Airspace

E. Class E Airspace

F. Special Use Airspace, Specify

G. None

H. Unknown

I. Other, Specify PROHIBITED AIRSPACE P-56

25. If ATC Course or Clearance Deviation, Maximum Deviation Was:

No Clearance Deviation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Separation Was:

No Loss of Separation

A. Feet, Vertical or Unknown

B. Feet, Horizontal

or Miles (nautical), Horizontal or Unknown

C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):

A. Incident Report (FAA Form 8020-11), Specify No(s).

B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s).

C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s).

D. Other (including TCAS), Specify

E. None

28. Brief Description of Deviation and Comments (comments optional):

AAL625 DEPARTED RUNWAY 1 AND PENETRATED P-56A.

PRELIMINARY PILOT DEVIATION REPORT (Continued)

Incident Report Number: P E A T D C A 0 1 9 1 7

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

30. Reporting Office:

A. A E A FAA Region

B. DCA Location ID

C. 203-413-1530 Telephone No.

31. Name of Individual Completing Form:

Thomas NIEDERMAIER

32. Facility Manager Approving Form:

A. Signature LAWRENCE BICKWELL

B. Name Type or Print

C. Date M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 27

B. Others, Specify

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 8, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DI) precedence to FAA Headquarters and others. If the pilot deviation is significant the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning an unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- AL - Alaskan CE - Central Southwest EA - Eastern GL - Great Lakes NE - New England NM - Northwest Mountain SO - Southern SW - WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

- C - ARTCC F - AFSS or FSS R - TRACON T - ATCT Z - FSDO and Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 725. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 96 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- AFSS - Automated Flight Service Station ARAC - Army Radar Approach Control ARTCC - Air Route Traffic Control Center ATCT - Air Traffic Control Tower CFR - Code of Federal Regulations FAR - Federal Aviation Regulations FSDO - Flight Standards District Office FSS - Flight Service Station GPS - Global Positioning System msl - Mean Sea Level NDB - Nondirectional Beacon RAPCON - Radar Approach Control RATCF - Radar Air Traffic Control Facility TACAN - Tactical Air Navigation TCAS - Traffic Alert and Collision Avoidance System TRACON - Terminal Radar Approach Control VOR - Very High Frequency Omnidirectional Range Station

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number

P E A T D C A 0 2 0 0 1

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0	1	0	4	0	2
M	M	D	D	Y	Y

B. UTC Time
| 2 | 13 | 14 |

C. Local Time
| 1 | 18 | 3 | 14 |

D. Nearest City or Town and State
Washington, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address

Kenneth Schulz
Name (first, middle, last)

[REDACTED]
Address

[REDACTED] [REDACTED]
City State Zip

B. Daytime Telephone Number
[REDACTED]

C. Pilot Certificate No. (or enter "MILITARY")
| 1 | 9 | 8 | 9 | 4 | 2 | : | | |

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)

B. Radar Observation (excludes EDP)

C. Visual Observation (tower)

D. AFSS or FSS

E. Public, Including Pilots

F. Other, Specify _____

4. Aircraft Information (complete or mark box) All information Unknown

A. Registration Number (N Number) _____

B. Flight No. or Call Sign (if applicable) AAL1365

C. Make F100

D. Model _____

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)

B. Foreign Air Carrier (14 CFR 129)

C. Commuter (14 CFR 135)

D. Air Taxi (14 CFR 135)

E. General Aviation (14 CFR 91)

F. Public (governmental)

G. US Military, Specify Service _____

H. Unknown

I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)

B. Visual Flight Rules (VFR)

C. Special VFR

D. Defense VFR

E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi

B. Takeoff

C. Climb

D. Level Flight or Cruise

E. Turning or Maneuvering

F. Descent

G. Approach

H. Landing

I. Unknown

J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model
A. <input checked="" type="checkbox"/> One	F	_____	_____	_____
B. <input type="checkbox"/> Two	G	_____	_____	_____
C. <input type="checkbox"/> Three	H	_____	_____	_____
D. <input type="checkbox"/> Four or More	I	_____	_____	_____
E. <input type="checkbox"/> Unknown				

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete Items 10 to 14 and 27 to 33)

B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower

B. Nonoperating Control Tower

C. None, Nontowered Public Airport

D. None, Private Airport

E. Unknown

11. Airport ID at Surface Deviation Location

| | | | |

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance

B. Takeoff on Wrong Runway or Taxiway

C. Landed Without Clearance

D. Landed or Takeoff Below Weather Minimums

E. Landed on Wrong Runway, Taxiway, or Airport

F. Entered Runway or Taxiway Without Clearance

G. Careless or Reckless Aircraft Operation

H. Did Not Close Flight Plan

I. Other, Specify _____

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle

B. Personnel

C. Another Aircraft, on Ground

D. Another Aircraft, in Air

E. Obstruction

F. Not Applicable

G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet

B. 100 - 499 Feet

C. 500 - 1,000 Feet

D. Over 1,000 Feet

E. Not Applicable

F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind

B. Crosswind

C. Entry of Downwind Leg

D. Base Leg

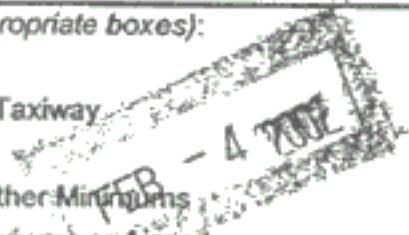
E. Final Approach

F. Departure Leg or Exit

G. Not in Traffic Pattern

H. Unknown

I. Other, Specify _____



<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>2</u>, <u>800</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement:</p>																		
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D C A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K D C A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19 (complete A&B or C&D):</p> <p>A. <u>03</u> Miles (nautical)</p> <p>B. <u>360</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____ Latitude</p> <p>D. _____ Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p>																		
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">A. _____ ARTCC</td> <td style="width:33%;">E. _____ AFSS or FSS</td> <td style="width:33%;"></td> </tr> <tr> <td>B. <u>D C A</u> TRACON</td> <td>F. <input type="checkbox"/> None</td> <td>H. <input type="checkbox"/> Within Terminal Radar Service Area</td> </tr> <tr> <td>C. _____ RAPCON, RATCF or ARAC</td> <td>G. <input type="checkbox"/> Unknown</td> <td>I. <input type="checkbox"/> Towered Airport</td> </tr> <tr> <td>D. <u>D C A</u> ATCT</td> <td>H. <input type="checkbox"/> Other, Specify _____</td> <td>J. <input type="checkbox"/> Nontowered Airport</td> </tr> <tr> <td></td> <td></td> <td>K. <input type="checkbox"/> Unknown</td> </tr> <tr> <td></td> <td></td> <td>L. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u></td> </tr> </table>			A. _____ ARTCC	E. _____ AFSS or FSS		B. <u>D C A</u> TRACON	F. <input type="checkbox"/> None	H. <input type="checkbox"/> Within Terminal Radar Service Area	C. _____ RAPCON, RATCF or ARAC	G. <input type="checkbox"/> Unknown	I. <input type="checkbox"/> Towered Airport	D. <u>D C A</u> ATCT	H. <input type="checkbox"/> Other, Specify _____	J. <input type="checkbox"/> Nontowered Airport			K. <input type="checkbox"/> Unknown			L. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u>
A. _____ ARTCC	E. _____ AFSS or FSS																			
B. <u>D C A</u> TRACON	F. <input type="checkbox"/> None	H. <input type="checkbox"/> Within Terminal Radar Service Area																		
C. _____ RAPCON, RATCF or ARAC	G. <input type="checkbox"/> Unknown	I. <input type="checkbox"/> Towered Airport																		
D. <u>D C A</u> ATCT	H. <input type="checkbox"/> Other, Specify _____	J. <input type="checkbox"/> Nontowered Airport																		
		K. <input type="checkbox"/> Unknown																		
		L. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u>																		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">A. <input type="checkbox"/> ATC Altitude Clearance Deviation</td> <td style="width:50%;">G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</td> </tr> <tr> <td>B. <input type="checkbox"/> ATC Course Clearance Deviation</td> <td>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</td> </tr> <tr> <td>C. <input type="checkbox"/> Airspeed Clearance Violation</td> <td>I. <input type="checkbox"/> Unauthorized Low Level Flying</td> </tr> <tr> <td>D. <input checked="" type="checkbox"/> Airspace Clearance Violation</td> <td>J. <input type="checkbox"/> Missed Compulsory Reporting Point</td> </tr> <tr> <td>E. <input type="checkbox"/> Flying VFR when IFR Required</td> <td>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):</td> </tr> <tr> <td>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</td> <td>(1) <u>91.133</u> () (2) _____ ()</td> </tr> </table>			A. <input type="checkbox"/> ATC Altitude Clearance Deviation	G. <input type="checkbox"/> Required Aircraft Equipment Not Operating	B. <input type="checkbox"/> ATC Course Clearance Deviation	H. <input type="checkbox"/> Careless or Reckless Aircraft Operation	C. <input type="checkbox"/> Airspeed Clearance Violation	I. <input type="checkbox"/> Unauthorized Low Level Flying	D. <input checked="" type="checkbox"/> Airspace Clearance Violation	J. <input type="checkbox"/> Missed Compulsory Reporting Point	E. <input type="checkbox"/> Flying VFR when IFR Required	K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s):	F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions	(1) <u>91.133</u> () (2) _____ ()						
A. <input type="checkbox"/> ATC Altitude Clearance Deviation	G. <input type="checkbox"/> Required Aircraft Equipment Not Operating																			
B. <input type="checkbox"/> ATC Course Clearance Deviation	H. <input type="checkbox"/> Careless or Reckless Aircraft Operation																			
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F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions	(1) <u>91.133</u> () (2) _____ ()																			
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">A. <input type="checkbox"/> Class A Airspace</td> <td style="width:50%;">F. <input type="checkbox"/> Special Use Airspace, Specify _____</td> </tr> <tr> <td>B. <input type="checkbox"/> Class B Airspace</td> <td>G. <input type="checkbox"/> None</td> </tr> <tr> <td>C. <input type="checkbox"/> Class C Airspace</td> <td>H. <input type="checkbox"/> Unknown</td> </tr> <tr> <td>D. <input type="checkbox"/> Class D Airspace</td> <td>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u></td> </tr> <tr> <td>E. <input type="checkbox"/> Class E Airspace</td> <td></td> </tr> </table>			A. <input type="checkbox"/> Class A Airspace	F. <input type="checkbox"/> Special Use Airspace, Specify _____	B. <input type="checkbox"/> Class B Airspace	G. <input type="checkbox"/> None	C. <input type="checkbox"/> Class C Airspace	H. <input type="checkbox"/> Unknown	D. <input type="checkbox"/> Class D Airspace	I. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u>	E. <input type="checkbox"/> Class E Airspace									
A. <input type="checkbox"/> Class A Airspace	F. <input type="checkbox"/> Special Use Airspace, Specify _____																			
B. <input type="checkbox"/> Class B Airspace	G. <input type="checkbox"/> None																			
C. <input type="checkbox"/> Class C Airspace	H. <input type="checkbox"/> Unknown																			
D. <input type="checkbox"/> Class D Airspace	I. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u>																			
E. <input type="checkbox"/> Class E Airspace																				
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>																			
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s): _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s): _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s): _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>																				
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>AAL1365 received clearance via PDC to depart Northwest on the DCA328 Radial. AAL1365 departed Runway01, was switched to departure, then came back and asked the tower for departure frequency a second time. AAL1365 did not begin the Northwestbound turn until after he had flown through P56A. There was no loss of separation.</u></p>																				

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T C A 0 2 0 0 1

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR, Flight Progress Strip, Certified Re-recording, Personnel Statements

30. Reporting Office:

A. A E A FAA Region

B. D C A Location ID

C. 7 0 2 - 4 1 3 - 1 5 4 0 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston

Type or Print

32. Facility Manager Approving Form:

A. Signature *Lawrence L. Bicknell*

B. Name Lawrence L. Bicknell
Type or Print

C. Date 0 1 0 9 0 2
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7

B. Others, Specify AEA-505, AEA-200, ~~AEA-100~~

Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest Mountain	WP - Western-Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range

Station

INVESTIGATION OF PILOT DEVIATION REPORT

Incident Report Number

P
E A T D C A 0 2 0 0 4

Complete and distribute within 90 days of a reported pilot deviation according to instructions on page 3. Complete all items. Use the same incident report number as on the corresponding FAA Form 8020-17, "Preliminary Pilot Deviation Report." Any corrections to FAA Form 8020-17 should be reported in item 17 of this form. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
 [0 | 3 | 0 | 8 | 0 | 2 |
 M M D D Y Y

B. UTC Time
 [0 | 0 | 2 | 3 |

C. Local Time
 [1 | 9 | 2 | 3 |

D. Nearest City or Town and State
WASHINGTON, DC

2. Pilot Information:

A. Name and Address
PETER JAMES GAUTHIER
 Name (first, middle, last)
 [REDACTED]
 Address
 [REDACTED]
 City State of Country ZIP

B. Home Base

C. Telephone Number
 [REDACTED]

D. Pilot Certificate No. (or enter "MILITARY")
 [2 | 2 | 2 | 8 | 3 | 1 | 3 |

E. Date of Birth
 [REDACTED]
 M M D D Y Y

3. Pilot Hours (if hours unavailable, estimate):

A. Total, All Aircraft
 [] hours

B. Total, Make & Model in
 [] hours

C. Last 90 Days, All Aircraft
 [] hours

D. Last 90 Days, Make & Model in Deviation
 [] hours

E. Duty Time, Last 24 Hours (includes item 3F)
 [] hours

F. Flight Time, Last 24 Hours
 [] hours

G. Flight Time, Leg At Time of Deviation
 [] hours

4. Pilot and Medical Certificate(s):

A. Pilot Certificate(s) (mark appropriate boxes):

(1) <input type="checkbox"/> Student	(5) <input checked="" type="checkbox"/> Airline Transport	(9) <input type="checkbox"/> None
(2) <input type="checkbox"/> Recreational	(6) <input checked="" type="checkbox"/> Flight Instructor	(10) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Private	(7) <input type="checkbox"/> Military	(11) <input type="checkbox"/> Other, Specify _____
(4) <input type="checkbox"/> Commercial	(8) <input type="checkbox"/> Foreign Pilot	

B. Medical Certificate(s) (mark appropriate boxes):

(1) <input checked="" type="checkbox"/> First Class	(4) <input type="checkbox"/> Special Issuance, Specify Type _____	(6) <input type="checkbox"/> Out of Date
(2) <input type="checkbox"/> Second Class		(7) <input type="checkbox"/> Unknown
(3) <input type="checkbox"/> Third Class	(5) <input type="checkbox"/> Self Certification	(8) <input type="checkbox"/> None Required, Specify Reason _____

C. Date of Last Medical [1 | 1 | 0 | 5 | 0 | 1 |
 M M D D Y Y

5. Pilot Rating(s) (mark appropriate boxes):

A. <input checked="" type="checkbox"/> Single Engine Land	F. <input type="checkbox"/> Glider
B. <input checked="" type="checkbox"/> Multiengine Land	G. <input type="checkbox"/> Lighter-than-air
C. <input checked="" type="checkbox"/> Single Engine Sea	H. <input type="checkbox"/> None
D. <input type="checkbox"/> Multiengine Sea	I. <input type="checkbox"/> Unknown
E. <input type="checkbox"/> Rotorcraft	J. <input type="checkbox"/> Other, Specify _____

6. Pilot Instrument Rating (mark one):

A. Current
 B. Not Current
 C. None
 D. Unknown

7. Prior Enforcement Actions Against Pilot (mark one):

A. One or More
 B. None
 C. Unknown

8. Date(s) of Pilot Checks and Tests (specify those within last two years, MM/DD/YY):

A. Flight Review []	D. Simulator []	G. Airline Transport Pilot Flight Test []	I. Other, Specify []
B. Proficiency []	E. Route Check []	H. Flight Test (private, commercial, or flight instruction) []	
C. Competency Flight []	F. Instrument Currency or Instrument Rating Flight Test []		

APR 17 2002

AEA-230- APR 04 2002

9. Aircraft Information:

A. Registration (N) No. _____

B. Flight No. or Call Sign (if applicable)

USA1200

C. Make

AIRBUS

D. Model

319

E. Aircraft Type (mark one):

- (1) Single Engine Land
- (2) Multiengine Land
- (3) Single Engine Sea
- (4) Multiengine Sea
- (5) Rotorcraft
- (6) Other, Specify _____

10. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. U.S. Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

11. Aircraft Operator Information

(complete, or mark box if General Aviation): General Aviation

A. Name and Address

U.S. AIRWAYS

Full Name

2345 CRYSTAL DRIVE

Address

ARLINGTON, VA 22227

City

State or Country

ZIP

B. Telephone Number

[7, 0, 3] - [8, 7, 2] - [7, 0, 0, 0]

C. Certificate Number

[U, S, A, A, 1, 0, 5, A]

12. Flight Information :

A. Departure Airport ID

[K, I, M, I, C, I, D]

B. Destination Airport ID

[K, I, D, I, C, I, A]

C. Local Flight:

(1) Yes (2) No (3) Unknown

D. First Flight of Day for Pilot:

(1) Yes (2) No (3) Unknown

13. Weather Contributed to Pilot Deviation (mark appropriate boxes):

- A. Pilot Received Inaccurate Weather Data
- B. Avoidance of Weather
- C. Flying Visual Flight Rules (VFR) in Instrument Conditions
- D. Unknown
- E. Other, Specify _____
- F. None of the Above, Weather Not a Factor

14. Aircraft Equipment Malfunction(s) Contributed to Pilot Deviation (mark appropriate boxes):

- A. Communication
- B. Transponder
- C. Navigation, Excluding Autopilot
- D. Autopilot
- E. Altimeter
- F. Unknown
- G. Other, Specify _____
- H. None of the Above, Equipment Malfunction Not a Factor

15. Investigation Indicates the Pilot Lacked or Had Inadequate Knowledge or Experience With (mark appropriate boxes):

- A. Aircraft
- B. Avionics
- C. ATC Procedures
- D. ATC Terminology and Phraseology
- E. English Language
- F. Preflight Planning
- G. Crew Coordination
- H. Weather
- I. Airport
- J. Current Charts and Approach Plates
- K. Unknown
- L. Other, Specify _____
- M. None of the Above

16. Investigation Indicates the Pilot Was (mark appropriate boxes):

- A. Overworked
- B. Distracted Specify _____
- C. Fatigued
- D. Actively Scanning
- E. Not Actively Scanning
- F. Unable to Locate Traffic, Even With Traffic Advisory
- G. Disoriented or Lost
- H. Sick, Specify _____
- I. Not Following ATC Instructions Specify _____
- J. Operating in Class A, B, C, or D Airspace Without Required Communication or Authorization
- K. Operating With Transponder Off
- L. Responding to TCAS Resolution Advisory
- M. Unknown
- N. Other, Specify _____
- O. None of the Above

17. Corrections and Additions to FAA Form 8020-17 (specify item number and new information or mark box): FAA Form 8020-17 is complete and accurate

INFORMATION ONLY:

1900L DCA 170/7 10SM F10.0 14/01 30.27

1900L IAD 150/4 10SM S9.0 S14.0 14/-1 30.26

**PRELIMINARY
PILOT DEVIATION REPORT**

Incident Report Number

PEATDCA 02004

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time - UTC)

0 3 0 9 0 2
M M D D Y Y

B. UTC Time

10 10 12 13

C. Local Time

1 9 2 13

D. Nearest City or Town and State

Washington, DC

2. Pilot Information: (complete or mark box) All information Unknown

A. Name and Address

Peter James Gauthier

Name (first, middle, last)

[REDACTED ADDRESS]

Address

[REDACTED CITY]

City

State

Zip

B. Daytime Telephone Number

[REDACTED PHONE NUMBER]

C. Pilot Certificate No. (or enter "MILITARY")

2 2 2 8 3 1 3

3. Deviation First Detected by (mark one)

- A. Error Detection Program (EDP)
- B. Radar Observation (excludes EDP)
- C. Visual Observation (tower)
- D. AFSS or FSS
- E. Public, Including Pilots
- F. Other, Specify _____

4. Aircraft Information (complete or mark box) All Information Unknown

A. Registration Number (N Number)

[REDACTED REGISTRATION NUMBER]

B. Flight No. or Call Sign (if applicable) USA1200

C. Make A319

D. Model

5. Type of Operation at Time of Deviation (mark one):

- A. U.S. Air Carrier (14 CFR 121 or 125)
- B. Foreign Air Carrier (14 CFR 129)
- C. Commuter (14 CFR 135)
- D. Air Taxi (14 CFR 135)
- E. General Aviation (14 CFR 91)
- F. Public (governmental)
- G. US Military, Specify Service _____
- H. Unknown
- I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

- A. Instrument Flight Rules (IFR)
- B. Visual Flight Rules (VFR)
- C. Special VFR
- D. Defense VFR
- E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

- A. Taxi
- B. Takeoff
- C. Climb
- D. Level Flight or Cruise
- E. Turning or Maneuvering
- F. Descent
- G. Approach
- H. Landing
- I. Unknown
- J. Other, Specify _____

8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):

- A. One
 - B. Two
 - C. Three
 - D. Four or More
 - E. Unknown
- | Aircraft N No. | Flight No. or Call Sign (if applicable) | Make | Model |
|----------------|---|------------|------------|
| F [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| G [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| H [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| I [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

9. Type of Deviation(s) (mark appropriate boxes):

- A. Surface (complete Items 10 to 14 and 27 to 33)
- B. Air (complete Items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

- A. Operating Control Tower
- B. Nonoperating Control Tower
- C. None, Nontowered Public Airport
- D. None, Private Airport
- E. Unknown

11. Airport ID at Surface Deviation Location

[REDACTED AIRPORT ID]

12. Surface Deviation Type(s) (mark appropriate boxes):

- A. Takeoff Without Clearance
- B. Takeoff on Wrong Runway or Taxiway
- C. Landed Without Clearance
- D. Landed or Takeoff Below Weather Minimums
- E. Landed on Wrong Runway, Taxiway, or Airport
- F. Entered Runway or Taxiway Without Clearance
- G. Careless or Reckless Aircraft Operation
- H. Did Not Close Flight Plan
- I. Other, Specify _____

APR 03 2002

13. Loss of Separation With (mark appropriate boxes):

- A. Ground Vehicle
- B. Personnel
- C. Another Aircraft, on Ground
- D. Another Aircraft, in Air
- E. Obstruction
- F. Not Applicable
- G. Unknown

14. Closest Proximity Was (mark one):

- A. Under 100 Feet
- B. 100 - 499 Feet
- C. 500 - 1,000 Feet
- D. Over 1,000 Feet
- E. Not Applicable
- F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

- A. Upwind
- B. Crosswind
- C. Entry of Downwind Leg
- D. Base Leg
- E. Final Approach
- F. Departure Leg or Exit
- G. Not in Traffic Pattern
- F. Unknown
- G. Other, Specify _____

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u>9</u>, <u>0</u> <u>0</u> <u>0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?</p> <p>A. (1) <input checked="" type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement:</p> <p>_____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D</u> <u>C</u> <u>2</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K</u> <u>D</u> <u>C</u> <u>A</u> Airport ID</p> <p>C. _____ Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0</u> <u>0</u> <u>3</u> Miles (nautical)</p> <p>B. <u>3</u> <u>6</u> <u>0</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. _____' Latitude</p> <p>D. _____' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. _____ ARTCC</p> <p>B. <u>D</u> <u>C</u> <u>A</u> TRACON</p> <p>C. _____ RAPCON, RATCF or ARAC</p> <p>D. _____ ATCT</p> <p>E. _____ AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input checked="" type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):</p> <p>(1) <u>9</u> <u>1</u>, <u>1</u> <u>3</u> <u>3</u> () (2) _____ ()</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A and P56B</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. _____ Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. _____ Feet, Horizontal</p> <p>or _____ Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. _____ Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>USA1200 was inbound to DCA on the IRONS Arrival from the South. The controller instructed USA1200 to Turn Left to 270. The pilot questioned the controller if the instructions were for him. The controller came back and instructed USA1200 to expedite the turn to 270 to avoid the Prohibited Airspace North of the airport. On the 3rd attempt, the pilot acknowledged the instructions to Turn Left to 270, however, he was at the south edge of the field. Subsequently, the aircraft continued northbound over the airport and</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

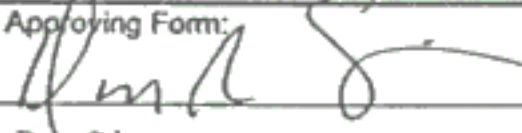
P E A T D C A 0 2 0 0 2

28. Brief Description of Deviation and Comments (continued):
 flew through P56A, then F56B as he began the turn to the west.

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments
 CDR, Flight Progress Strip, Certified Re-recording, Personnel Statements

30. Reporting Office:
 A. A E A FAA Region
 B. D C A Location ID
 C. 7 0 3 - 4 1 3 - 1 5 4 1 0 Telephone No.

31. Name of Individual Completing Form:
Joan M. Weston
 Type or Print

32. Facility Manager Approving Form:
 A. Signature 
 B. Name Don R. Simons
 Type or Print
 C. Date 0 3 1 5 0 2
 M M D D Y Y

33. Report Distributed to:
 A. FAA Region A E A Flight Standards ID 2 7
 B. Others, Specify AEA-505, AEA-200, AEA-400
Facility Files

INSTRUCTIONS

I. General
 The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."
 If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.
 Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number
 Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

AL - Alaskan	GL - Great Lakes	SO - Southern
CE - Central	NE - New England	SW -
Southwest		
EA - Eastern	NM - Northwest	WP - Western-
	Mountain	Pacific

The fourth character identifies the type of facility completing the form:

C - ARTCC	R - TRACON	Z - FSDO and
F - AFSS or FSS	T - ATCT	Other

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.
 The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.
 The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations
 The following abbreviations are used.

AFSS	- Automated Flight Service Station
ARAC	- Army Radar Approach Control
ARTCC	- Air Route Traffic Control Center
ATCT	- Air Traffic Control Tower
CFR	- Code of Federal Regulations
FAR	- Federal Aviation Regulations
FSDO	- Flight Standards District Office
FSS	- Flight Service Station
GPS	- Global Positioning System
msl	- Mean Sea Level
NDB	- Nondirectional Beacon
RAPCON	- Radar Approach Control
RATCF	- Radar Air Traffic Control Facility
TACAN	- Tactical Air Navigation
TCAS	- Traffic Alert and Collision Avoidance System
TRACON	- Terminal Radar Approach Control
VOR	- Very High Frequency Omnidirectional Range
Station	

AHM - SE

PRELIMINARY PILOT DEVIATION REPORT

Incident Report Number
PEATDCA02005

Complete and distribute according to instructions on page 3. Complete Items 1 to 9 and 27 to 33 for all deviations; If surface deviation,

<p>1. Date, Time, and Location of Deviation:</p> <p>A. Date (Coordinated Universal Time - UTC) <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="12"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <small>M M D D Y Y</small></p> <p>B. UTC Time <input type="text" value="1"/> <input type="text" value="19"/> <input type="text" value="11"/> <input type="text" value="17"/></p> <p>C. Local Time <input type="text" value="1"/> <input type="text" value="14"/> <input type="text" value="11"/> <input type="text" value="17"/></p> <p>D. Nearest City or Town and State <u>Washington, DC</u></p>	<p>2. Pilot Information: (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Name and Address <u>Mark H. Ousley</u> <small>Name (last, first, initial, last)</small> <u>[REDACTED]</u> <small>Address</small> <u>[REDACTED]</u> <small>City State Zip</small></p> <p>B. Daytime Telephone Number <u>[REDACTED]</u></p> <p>C. Pilot Certificate No. (or enter "MILITARY") <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/></p>	<p>3. Deviation First Detected by (mark one):</p> <p>A. <input type="checkbox"/> Error Detection Program (EDP)</p> <p>B. <input checked="" type="checkbox"/> Radar Observation (excludes EDP)</p> <p>C. <input type="checkbox"/> Visual Observation (tower)</p> <p>D. <input type="checkbox"/> AFSS or FSS</p> <p>E. <input type="checkbox"/> Public, Including Pilots</p> <p>F. <input type="checkbox"/> Other, Specify _____</p>
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<p>4. Aircraft Information (complete or mark box) <input type="checkbox"/> All Information Unknown</p> <p>A. Registration Number (N Number) <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="N"/> <input type="text" value="G"/> <small>N 1 1 7 N G</small></p> <p>B. Flight No. or Call Sign (if applicable) <u>LN117NG</u></p> <p>C. Make <u>BK117</u></p> <p>D. Model _____</p>	<p>5. Type of Operation at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> U.S. Air Carrier (14 CFR 121 or 125)</p> <p>B. <input type="checkbox"/> Foreign Air Carrier (14 CFR 129)</p> <p>C. <input type="checkbox"/> Commuter (14 CFR 135)</p> <p>D. <input type="checkbox"/> Air Taxi (14 CFR 135)</p> <p>E. <input checked="" type="checkbox"/> General Aviation (14 CFR 91)</p> <p>F. <input type="checkbox"/> Public (governmental)</p> <p>G. <input type="checkbox"/> US Military, Specify Service _____</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>
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<p>6. Type of Flight Rules at Time of Deviation (mark one):</p> <p>A. <input type="checkbox"/> Instrument Flight Rules (IFR)</p> <p>B. <input checked="" type="checkbox"/> Visual Flight Rules (VFR)</p> <p>C. <input type="checkbox"/> Special VFR</p> <p>D. <input type="checkbox"/> Defense VFR</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Taxi</p> <p>B. <input type="checkbox"/> Takeoff</p> <p>C. <input type="checkbox"/> Climb</p> <p>D. <input checked="" type="checkbox"/> Level Flight or Cruise</p> <p>E. <input type="checkbox"/> Turning or Maneuvering</p> <p>F. <input type="checkbox"/> Descent</p> <p>G. <input type="checkbox"/> Approach</p> <p>H. <input type="checkbox"/> Landing</p> <p>I. <input type="checkbox"/> Unknown</p> <p>J. <input type="checkbox"/> Other, Specify _____</p>
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<p>8. Total Number of Aircraft Involved (provide data on any aircraft not listed in Item 4):</p> <p>A. <input checked="" type="checkbox"/> One</p> <p>B. <input type="checkbox"/> Two</p> <p>C. <input type="checkbox"/> Three</p> <p>D. <input type="checkbox"/> Four or More</p> <p>E. <input type="checkbox"/> Unknown</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Aircraft N No.</th> <th style="width: 30%;">Flight No. or Call Sign (if applicable)</th> <th style="width: 15%;">Make</th> <th style="width: 10%;">Model</th> </tr> </thead> <tbody> <tr> <td>F</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>G</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>H</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>L</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model	F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	H	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>9. Type of Deviation(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Surface (complete Items 10 to 14 and 27 to 33)</p> <p>B. <input checked="" type="checkbox"/> Air (complete Items 15 to 33)</p>
	Aircraft N No.	Flight No. or Call Sign (if applicable)	Make	Model																						
F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
H	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						

<p>10. Type of Control at Surface Deviation Location (mark one):</p> <p>A. <input type="checkbox"/> Operating Control Tower</p> <p>B. <input type="checkbox"/> Nonoperating Control Tower</p> <p>C. <input type="checkbox"/> None, Nontowered Public Airport</p> <p>D. <input type="checkbox"/> None, Private Airport</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>11. Airport ID at Surface Deviation Location</p> <p><input type="text"/></p>	<p>12. Surface Deviation Type(s) (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Takeoff Without Clearance</p> <p>B. <input type="checkbox"/> Takeoff on Wrong Runway or Taxiway</p> <p>C. <input type="checkbox"/> Landed Without Clearance</p> <p>D. <input type="checkbox"/> Landed or Takeoff Below Weather Minimums</p> <p>E. <input type="checkbox"/> Landed on Wrong Runway, Taxiway, or Airport</p> <p>F. <input type="checkbox"/> Entered Runway or Taxiway Without Clearance</p> <p>G. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>H. <input type="checkbox"/> Did Not Close Flight Plan</p> <p>I. <input type="checkbox"/> Other, Specify _____</p>
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<p>13. Loss of Separation With (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> Ground Vehicle</p> <p>B. <input type="checkbox"/> Personnel</p> <p>C. <input type="checkbox"/> Another Aircraft, on Ground</p> <p>D. <input type="checkbox"/> Another Aircraft, in Air</p> <p>E. <input type="checkbox"/> Obstruction</p> <p>F. <input type="checkbox"/> Not Applicable</p> <p>G. <input type="checkbox"/> Unknown</p>	<p>14. Closest Proximity Was (mark one):</p> <p>A. <input type="checkbox"/> Under 100 Feet</p> <p>B. <input type="checkbox"/> 100 - 499 Feet</p> <p>C. <input type="checkbox"/> 500 - 1,000 Feet</p> <p>D. <input type="checkbox"/> Over 1,000 Feet</p> <p>E. <input type="checkbox"/> Not Applicable</p> <p>F. <input type="checkbox"/> Unknown</p>	<p><i>If Surface Deviation Only, Skip to Item 27</i></p>	<p>15. Location in Traffic Pattern During Deviation (mark one):</p> <p>A. <input type="checkbox"/> Upwind</p> <p>B. <input type="checkbox"/> Crosswind</p> <p>C. <input type="checkbox"/> Entry of Downwind Leg</p> <p>D. <input type="checkbox"/> Base Leg</p> <p>E. <input type="checkbox"/> Final Approach</p> <p>D. <input type="checkbox"/> Departure Leg or Exit</p> <p>E. <input checked="" type="checkbox"/> Not in Traffic Pattern</p> <p>F. <input type="checkbox"/> Unknown</p> <p>G. <input type="checkbox"/> Other, Specify _____</p>
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APR 30 2002

<p>16. Aircraft Altitude When Deviation Detected:</p> <p>A. <u> </u>, <u>8 0 0</u></p> <p>B. <input type="checkbox"/> Unknown</p>	<p>17. Transponder (mark one):</p> <p>A. <input checked="" type="checkbox"/> Operating, With Altitude Reporting</p> <p>B. <input type="checkbox"/> Operating, Without Altitude Reporting</p> <p>C. <input type="checkbox"/> Not Functioning (broken or off)</p> <p>D. <input type="checkbox"/> No Transponder</p> <p>E. <input type="checkbox"/> Unknown</p>	<p>18. Was the Aircraft Equipped with TCAS?:</p> <p>A. (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input checked="" type="checkbox"/> Unknown</p> <p>B. If Yes, Was TCAS Operating During Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>C. If Yes, Was TCAS Involved in Deviation?</p> <p>(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> Unknown</p> <p>D. If Yes, Describe Involvement: _____</p>
<p>19. Fix or Facility Nearest Deviation (complete one)</p> <p>A. <u>D C A</u> VOR, TACAN, or NDB ID</p> <p>B. <u>K D C A</u> Airport ID</p> <p>C. <u> </u> Airway Intersection ID</p> <p>D. <input type="checkbox"/> Oceanic Airspace or Area Navigation (GPS, Loran, etc.)</p>	<p>20. Deviation Location in Respect to Item 19: (complete A&B or C&D):</p> <p>A. <u>0 0 3</u> Miles (nautical)</p> <p>B. <u>0 0 2</u> Degrees (magnetic)</p> <p>For Oceanic Airspace and Area Navigation Only:</p> <p>C. <u> </u> <u> </u>' Latitude</p> <p>D. <u> </u> <u> </u>' Longitude</p>	<p>21. Operational Control Area of Aircraft: (mark a maximum of three):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Class G Airspace</p> <p>G. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>H. <input type="checkbox"/> Within Terminal Radar Service Area</p> <p>I. <input type="checkbox"/> Towered Airport</p> <p>J. <input type="checkbox"/> Nontowered Airport</p> <p>K. <input type="checkbox"/> Unknown</p> <p>L. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u></p>
<p>22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):</p> <p>A. <u> </u> ARTCC</p> <p>B. <u> </u> TRACON</p> <p>C. <u> </u> RAPCON, RATCF or ARAC</p> <p>D. <u>A D W</u> ATCT</p> <p>E. <u> </u> AFSS or FSS</p> <p>F. <input type="checkbox"/> None</p> <p>G. <input type="checkbox"/> Unknown</p> <p>H. <input type="checkbox"/> Other, Specify _____</p>		
<p>23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):</p> <p>A. <input type="checkbox"/> ATC Altitude Clearance Deviation</p> <p>B. <input type="checkbox"/> ATC Course Clearance Deviation</p> <p>C. <input type="checkbox"/> Airspeed Clearance Violation</p> <p>D. <input checked="" type="checkbox"/> Airspace Clearance Violation</p> <p>E. <input type="checkbox"/> Flying VFR when IFR Required</p> <p>F. <input type="checkbox"/> Pilot Unqualified for Aircraft or Conditions</p> <p>G. <input checked="" type="checkbox"/> Required Aircraft Equipment Not Operating</p> <p>H. <input type="checkbox"/> Careless or Reckless Aircraft Operation</p> <p>I. <input type="checkbox"/> Unauthorized Low Level Flying</p> <p>J. <input type="checkbox"/> Missed Compulsory Reporting Point</p> <p>K. <input checked="" type="checkbox"/> Noncompliance with Other Regulations (specify FAR number(s)):</p> <p>(1) <u>9 1</u>, <u>1 3 3</u> (<u> </u>) (2) <u> </u>, <u> </u> (<u> </u>)</p>		
<p>24. Preliminary Information Indicates the Airspace Violation Was of (mark one):</p> <p>A. <input type="checkbox"/> Class A Airspace</p> <p>B. <input checked="" type="checkbox"/> Class B Airspace</p> <p>C. <input type="checkbox"/> Class C Airspace</p> <p>D. <input type="checkbox"/> Class D Airspace</p> <p>E. <input type="checkbox"/> Class E Airspace</p> <p>F. <input type="checkbox"/> Special Use Airspace, Specify _____</p> <p>G. <input type="checkbox"/> None</p> <p>H. <input type="checkbox"/> Unknown</p> <p>I. <input checked="" type="checkbox"/> Other, Specify <u>P56A</u></p>		
<p>25. If ATC Course or Clearance Deviation, Maximum Deviation Was:</p> <p><input checked="" type="checkbox"/> No Clearance Deviation</p> <p>A. <u> </u>, <u> </u> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u>, <u> </u> Feet, Horizontal</p> <p>or <u> </u> <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p>	<p>26. If There Was Loss of Separation, Closest Separation Was:</p> <p><input checked="" type="checkbox"/> No Loss of Separation</p> <p>A. <u> </u>, <u> </u> Feet, Vertical or <input type="checkbox"/> Unknown</p> <p>B. <u> </u>, <u> </u> Feet, Horizontal</p> <p>or <u> </u>, <u> </u> Miles (nautical), Horizontal or <input type="checkbox"/> Unknown</p> <p>C. <u> </u> Minutes, Longitudinal or <input type="checkbox"/> Unknown</p>	
<p>27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):</p> <p>A. <input type="checkbox"/> Incident Report (FAA Form 8020-11), Specify No(s) _____</p> <p>B. <input type="checkbox"/> Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____</p> <p>C. <input type="checkbox"/> Preliminary Operational Error/Deviation Report (FAA Form 7210-2.1), Specify No(s) _____</p> <p>D. <input type="checkbox"/> Other (including TCAS), Specify _____</p> <p>E. <input checked="" type="checkbox"/> None</p>		
<p>28. Brief Description of Deviation and Comments (comments optional):</p> <p><u>LN117NG departed Children's Hospital in Washington, DC enroute to W32 (Washington Executive Airport). The pilot had approval to operate in the Washington Area TFR. However, the pilot had failed to establish two-way radio communications enroute northbound into Children's Hospital. The pilot did not communicate with Washington Tower on Departure from Children's Hospital. The Helicopter proceeded southbound from the hospital and penetrated P56A. The Helicopter was in radio communications with Andrews</u></p>		

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 2 0 0 5

28. Brief Description of Deviation and Comments (continued):

Tower, however, he was operating in Washington National Class B Airspace. In addition, the pilot failed to operate an altitude encoder transponder while operating in Class B Airspace. In addition, LN711NG was also not authorized, under local security procedures, to land and/or depart W32.

29. Attachments (specify, e.g., pilot statement or flight progress strip or mark box): No Attachments

CDR, Flight Progress Strip, Certified Re-recording, Personnel Statements


30. Reporting Office:

A. A E A FAA Region
 B. D C A Location ID
 C. 7 10 3 - 4 1 3 - 1 5 4 10 Telephone No.

31. Name of Individual Completing Form:

Joan M. Weston
Type or Print

32. Facility Manager Approving Form:

A. Signature 
 B. Name Don R. Simons
Type or Print
 C. Date 0 3 2 0 2
M M D D Y Y

33. Report Distributed to:

A. FAA Region A E A Flight Standards ID 2 7
 B. Others, Specify AEA-505, AEA-200, ~~AEA-400~~
Facility Files

INSTRUCTIONS

I. General

The incident report number and Items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of the FAA Form 8020-17 are in FAA Order 8020-11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete Items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete Items 10 to 14; if air deviation, also complete Items 15 to 26. If the categories listed are inadequate, complete "Other, Specify." Provide comments in Item 28, not the margins. Sign and date the form (Item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning as unique 12-character number to each reported pilot deviation. The first character is P for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|------------------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central Southwest | NE - New England | SW - |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|--------------------|
| C - ARTCC | R - TRACON | Z - FSDO and Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Handbook 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used.

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATCF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |

DB 4-202

PRELIMINARY PILOT DEVIATION REPORT 4/1/02

Incident Report Number				
P	E	A	T	D
C	A	O	R	G
G	C	F		

Complete and distribute according to instructions on page 3. Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. Complete the form by hand or typewriter.

1. Date, Time, and Location of Deviation:

A. Date (Coordinated Universal Time-UTC)
041011Z
M O D Y Y

B. UTC Time
2328

C. Local Time
1828

D. Nearest City or Town and State
WASHINGTON DC

2. Pilot Information (complete or mark box): All Information Unknown

A. Name and Address
Name (first, middle, last)
Address
City State or Country ZIP

B. Daytime Telephone Number
____ - ____ - ____

C. Pilot Certificate No. (or enter "MILITARY")

3. Deviation First Detected by (mark one):

A. Error Detection Program (EDP)
B. Radar Observation (excludes EDP)
C. Visual Observation (lower)
D. AFSS or FSS
E. Public, Including Pilots
F. Other, Specify _____

4. Aircraft Information (complete or mark box): All Information Unknown

A. Registration (N) No.

B. Flight No. or Call Sign (if applicable)
FFT 819

C. Make
B733

D. Model

5. Type of Operation at Time of Deviation (mark one):

A. U.S. Air Carrier (14 CFR 121 or 125)
B. Foreign Air Carrier (14 CFR 129)
C. Commuter (14 CFR 135)
D. Air Taxi (14 CFR 135)
E. General Aviation (14 CFR 91)
F. Public (governmental)
G. U.S. Military, Specify Service _____
H. Unknown
I. Other, Specify _____

6. Type of Flight Rules at Time of Deviation (mark one):

A. Instrument Flight Rules (IFR)
B. Visual Flight Rules (VFR)
C. Special VFR
D. Defense VFR
E. Unknown

7. Phase(s) of Flight When Deviation Occurred (mark appropriate boxes):

A. Taxi
B. Takeoff
C. Climb
D. Level Flight or Cruise
E. Turning or Maneuvering
F. Descent
G. Approach
H. Landing
I. Unknown
J. Other, Specify _____

8. Number of Aircraft Involved (provide data on any aircraft not listed in item 4):

A. <input checked="" type="checkbox"/> One	Aircraft No.	Flight No. or Call Sign (if applicable)	Make	Model
B. <input type="checkbox"/> Two	F. _____	_____	_____	_____
C. <input type="checkbox"/> Three	G. _____	_____	_____	_____
D. <input type="checkbox"/> Four or More	H. _____	_____	_____	_____
E. <input type="checkbox"/> Unknown	I. _____	_____	_____	_____

9. Type of Deviation(s) (mark appropriate boxes):

A. Surface (complete items 10 to 14 and 27 to 33)
B. Air (complete items 15 to 33)

10. Type of Control at Surface Deviation Location (mark one):

A. Operating Control Tower
B. Nonoperating Control Tower
C. None, Nontowered Public Airport
D. None, Private Airport
E. Unknown

11. Airport ID at Surface Deviation Location:

12. Surface Deviation Type(s) (mark appropriate boxes):

A. Takeoff Without Clearance
B. Takeoff on Wrong Runway or Taxiway
C. Landed Without Clearance
D. Landed or Takeoff Below Weather Minimums
E. Landed on Wrong Runway, Taxiway, or Airport
F. Entered Runway or Taxiway Without Clearance
G. Careless or Reckless Aircraft Operation
H. Did Not Close Flight Plan
I. Other, Specify _____

APR 02 2002

13. Loss of Separation With (mark appropriate boxes):

A. Ground Vehicle
B. Personnel
C. Another Aircraft, on Ground
D. Another Aircraft, in Air
E. Obstruction
F. Not Applicable
G. Unknown

14. Closest Proximity Was (mark one):

A. Under 100 Feet
B. 100-499 Feet
C. 500-1,000 Feet
D. Over 1,000 Feet
E. Not Applicable
F. Unknown

If Surface Deviation Only, Skip to Item 27

15. Location in Traffic Pattern During Deviation (mark one):

A. Upwind
B. Crosswind
C. Entry or Downwind Leg
D. Base Leg
E. Final Approach
F. Departure Leg or Exit
G. Not in Traffic Pattern
H. Unknown
I. Other, Specify _____

16. Aircraft Altitude When Deviation Detected:
 A. , Feet msl
 B. Unknown

17. Transponder (mark one):
 A. Operating, With Altitude Reporting
 B. Operating, Without Altitude Reporting
 C. Not Functioning (broken or off)
 D. No Transponder
 E. Unknown

18. Was the Aircraft Equipped with TCAS?
 A. (1) Yes (2) No (3) Unknown
 B. If Yes, Was TCAS Operating During Deviation?
 (1) Yes (2) No (3) Unknown
 C. If Yes, Was TCAS Involved in Deviation?
 (1) Yes (2) No (3) Unknown
 D. If Yes, Describe Involvement: _____

19. Fix or Facility Nearest Deviation (complete one):
 A. DCA VOR, TACAN or NDB ID
 B. Airport ID
 C. Airway Intersection ID
 D. Oceanic Airspace or Area Navigation (GPS, Loran, etc.)

20. Deviation Location in Respect to Item 19 (complete A&B or C&D):
 A. 003 Miles (nautical)
 B. 3.52 Degrees (magnetic)
 For Oceanic Airspace and Area Navigation Only:
 C. ° ' Latitude
 D. ° ' Longitude

21. Operational Control Area of Aircraft (mark a maximum of three):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Class G Airspace
 G. Special Use Airspace, Specify _____
 H. Within Terminal Radar Service Area
 I. Towered Airport
 J. Non-towered Airport
 K. Unknown
 L. Other, Specify _____

22. Location ID of Facility(ies) Providing Air Traffic Service During Deviation (complete appropriate boxes):
 A. ARTCC
 B. DCA TRACON
 C. RAPCON, RATCF, or ARAC
 D. ATCT
 E. AFSS or FSS
 F. None
 G. Unknown
 H. Other, Specify _____

23. Preliminary Information Indicates the Air Deviation Type Was (mark appropriate boxes):
 A. ATC Altitude Clearance Deviation
 B. ATC Course Clearance Deviation
 C. Airspeed Clearance Violation
 D. Airspace Clearance Violation
 E. Flying VFR when IFR Required
 F. Pilot Unqualified for Aircraft or Conditions
 G. Required Aircraft Equipment Not Operating
 H. Careless or Reckless Aircraft Operation
 I. Unauthorized Low Level Flying
 J. Missed Compulsory Reporting Point
 K. Noncompliance with Other Regulations (specify FAR number(s)):
 (1) (2)

24. Preliminary Information Indicates the Airspace Violation Was of (mark one):
 A. Class A Airspace
 B. Class B Airspace
 C. Class C Airspace
 D. Class D Airspace
 E. Class E Airspace
 F. Special Use Airspace, Specify P-56
 G. None
 H. Unknown
 I. Other, Specify P-56

25. If ATC Altitude or Course Clearance Deviation, Maximum Deviation Was:
 No Clearance Deviation
 A. , Feet Vertical or Unknown
 B. , Feet, Horizontal
 or 2 , 0.0 Miles (nautical), Horizontal or Unknown

26. If There Was Loss of Separation, Closest Proximity Was:
 No Loss of Separation
 A. , Feet, Vertical or Unknown
 B. , Feet, Horizontal
 or , Miles (nautical), Horizontal or Unknown
 C. Minutes, Longitudinal or Unknown

27. Other Reports Filed or To Be Filed (mark appropriate boxes and complete):
 A. Incident Report (FAA Form 8020-11), Specify No(s) _____
 B. Preliminary Near Midair Collision Report (FAA Form 8020-21), Specify No(s) _____
 C. Preliminary Operational Error/Deviation Report (FAA Form 7210-2-1), Specify No(s) _____
 D. Other (including TCAS), Specify _____
 E. None

28. Brief Description of Deviation and Comments (comments optional):
FBI 819 DEPARTED RWY 1 AT WASHINGTON NATIONAL AND FAILED TO INTERCEPT THE DCA 328 RADIAL. FBI 819 PENETRATED PSLA.

**PRELIMINARY
PILOT DEVIATION REPORT (Continued)**

Incident Report Number

P E A T D C A 0 2 0 0 6

28. Brief Description of Deviation and Comments (continued):

29. Attachments (specify, e.g., pilot statement or flight progress strip, or mark box): No Attachments

30. Reporting Office:

A. ASIA FAA Region
 B. DCA Location ID
 C. 703-141-3154 Telephone No.

31. Name of Individual Completing Form:

Thomas NIEDERMAIER
 Type or Print

32. Facility Manager Approving Form:

A. Signature _____
 B. Name DONALD SIMONS
 Type or Print
 C. Date / /
 M M D D Y Y

33. Report Distributed to:

A. FAA Region AS Flight Standards ID
 B. Others, Specify _____

INSTRUCTIONS

I. General

The incident report number and items 1, 4, 6, 16, and 28 of FAA Form 8020-17 must be completed and the information transmitted or arrangements made to transmit it in numerical order within 12 hours of the detection of a pilot deviation by: (1) telephone, facsimile, or in accordance with a regional agreement to the FSDO with jurisdiction over the area in which the pilot deviation occurred, and (2) by National Airspace Data Interchange Network (NADIN) message using immediate (DD) precedence to FAA Headquarters and others. If the pilot deviation is significant, the above information should be communicated immediately by telephone to FAA Headquarters. The remainder of the form must be completed and mailed by first class mail within 10 calendar days of the pilot deviation. The definition of a pilot deviation and instructions on distribution of FAA Form 8020-17 are in FAA Order 8020.11A, "Aircraft Accident and Incident Notification, Investigation, and Reporting."

If a pilot deviation resulted in a near midair collision, FAA Form 8020-17 and FAA Form 8020-21, "Preliminary Near Midair Collision Report," both must be completed and distributed. Assign the two reports different incident report numbers.

Complete items 1 to 9 and 27 to 33 for all deviations; if surface deviation, also complete items 10 to 14; if air deviation, also complete items 15 to 26. If the categories given are inadequate, complete "Other, Specify." Provide comments in item 28, not the margins. Sign and date the form (item 32) before distribution.

II. Incident Report Number

Each facility completing FAA Form 8020-17 is responsible for assigning a unique 12-character number to each reported pilot deviation. The first character is P, for Pilot Deviation. The second and third characters are the abbreviation of the FAA region in which the deviation occurred:

- | | | |
|--------------|-------------------------|----------------------|
| AL - Alaskan | GL - Great Lakes | SO - Southern |
| CE - Central | NE - New England | SW - Southwest |
| EA - Eastern | NM - Northwest Mountain | WP - Western-Pacific |

The fourth character identifies the type of facility completing the form:

- | | | |
|-----------------|------------|-------------------|
| C - ARTCC | R - TRACON | Z - FSDO or Other |
| F - AFSS or FSS | T - ATCT | |

For combined TRACON and ATCT operations, use the character for the TRACON or ATCT reporting the pilot deviation.

The fifth through seventh characters are the facility location identifier (see FAA Order 7350.6), e.g., ZNY, or FSDO ID, e.g., 025. The eighth and ninth characters are the calendar year in which the incident occurred, e.g., 95 for 1995.

The last three characters are the sequential incident report number for the year, by reporting facility and type of incident (e.g., pilot deviations would be numbered 001 to 999 in 1995 at a given facility).

III. Abbreviations

The following abbreviations are used:

- | | |
|--------|---|
| AFSS | - Automated Flight Service Station |
| ARAC | - Army Radar Approach Control |
| ARTCC | - Air Route Traffic Control Center |
| ATCT | - Air Traffic Control Tower |
| CFR | - Code of Federal Regulations |
| FAR | - Federal Aviation Regulations |
| FSDO | - Flight Standards District Office |
| FSS | - Flight Service Station |
| GPS | - Global Positioning System |
| msl | - Mean Sea Level |
| NDB | - Nondirectional Beacon |
| RAPCON | - Radar Approach Control |
| RATOF | - Radar Air Traffic Control Facility |
| TACAN | - Tactical Air Navigation |
| TCAS | - Traffic Alert and Collision Avoidance System |
| TRACON | - Terminal Radar Approach Control |
| VOR | - Very High Frequency Omnidirectional Range Station |