



CIVIL AVIATION AUTHORITY OF FIJI

ISO 9001:2015 Certified

Wake Vortex Encounter Reporting Form for Pilots

OR 004

Date and Time	Date of incident	
	Time (UTC)	
Aircraft Type	Make	
	Model	
	Series	
Altitude	Height	m or ft
	Altitude	m or ft
	Flight Level	
Geographic Position	Location	
	State	
	Airport	
	Runway	L C R
Details	Phase of flight	take off initial climb climb cruise descent holding approach final touch-down taxiing other
	Were you turning?	yes no n/a
	Which holding pattern were you in if, any?	
	Were you:	high low on the glide path
	Were you	left of right of on the centre-line
	Weight	kg
	IAS	kts
	Heading	degrees
	Other	What led you to suspect wake vortex as the cause of the disturbance?
Did you experience vertical acceleration?	Yes	Please Describe:
What was the change in attitude?	Pitch: Roll: Yaw:	
Was there any change in altitude?	yes no n/a	
Was there buffeting?	yes no n/a	

Was there stall warning?	yes no n/a
Was the autopilot engaged?	yes no n/a
What control action was taken?	yes no n/a
Could you see the aircraft suspected of generating the wake vortex?	yes no n/a
If yes, what was it?	Make – Model – Series –
Where was it relative to your position?	Separation distance: Clock reference:
Were you aware of the preceding aircraft type before the encounter?	yes no n/a