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Laser Incident Questionnaire

Forward the above information via, e-mail, fax or mail hard copy to:

Federal Bureau of Investigation
Room 3999
935 Pennsylvania Ave. NW
Washington DC 20535

Telephone: 202-324-7896
Fax: 202-324-2731
Email: timothy.childs@dhs.gov

The following information should be captured during investigation of laser incidents:

General Information

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

Environmental factors

- 9) Weather conditions:
- 10) Ambient light level (day, night, sunlight, dawn, dusk, starlight, moonlight, etc):

Location

- 11) Phase of flight:
 - 11a Approximate heading:
 - 11b Estimated altitude:
 - 11c Aircraft Coordinates:

12) Location of incident (e.g., airport, city, etc.):

13) Location of laser origin:

Laser Light description

14) Beam color:

15) Nature of beam (constant/flicker/pulsed):

16) Light source (stationary or moving):

17) Do you feel you were intentionally tracked?:

18) Relative intensity (flashbulb, headlight, sunlight):

19) Duration of exposure (seconds):

Angle of Incident

20) Circle the window where the light entered the cockpit:

Left Left-front

Center

Right

Right-front

Other:

21) Did the light hit your eye(s) directly or from the side?

Effect on individual

22) Type of vision correction worn at time of incident (spectacles/contact lenses):

23) Describe visual/psychological/physical effects*:

*Examples of common visual effects:

- Glare: Obscuration of an object in a person's field of vision due to a bright light source located near the same line-of-sight. Glare lasts only as long as the light is actually present within the individual's field of vision.
- Afterimage: A transient image left in the visual field after an exposure to a bright light.
- Flash Blindness: A visual interference effect that persists after the source of the illumination has been removed.
- Blind Spot: A temporary or permanent loss of vision of part of the visual field.

24) Duration of visual effects (seconds/minutes/hours/days):

25) Effect on operational or cockpit procedures:

26) Injuries sustained:

27) Has victim been referred to an ophthalmologist?

Questionnaire



If so, please list name of ophthalmologist:

28) Will victim submit results of examination to FBI:

29) Previous known eye problems:

30) Date of last eye exam (prior to incident):

Other information

31) Suspect(s) identified:

32) Suspect(s) interviewed:

33) Suspect(s) arrested:

Narrative:

Report prepared by: _____ **Date:** _____

Division: _____ **Telephone:** _____

Learn More

For more information about laser eye protection and education, visit www.laserstrikeprotection.com or contact:

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