R-2508 SITUATION REPORT		DATE RECEIVED:
FROM: (OPTIONAL)	TO: R-2508 Central Coordinating Facility 100 E. Sparks Dr. Edwards AFB CA 93524-8090	
DSN: 527-2508 FAX: DSN 527-4798		
This form may be used by aircrews or controllers to submit any constructive information to improve the safety and efficiency of aviation operations in the R-2508 Complex. Identification of the drafter is optional. This form is intended for the reporting of circumstances/services that enhance or degrade the users' mission within the R-2508 Complex. This form will not be used to replace reports of situations that require submission of Hazardous Air Traffic reports (HATR), Operational Air Hazard Reports (OHR), or Near Mid-Air Collision (NMAC) reports. This report should be submitted within 5 days of the incident to ensure availability of required data necessary to support analysis of the reported situation.		
The information contained in this form is for military <u>OFFICIAL USE ONLY</u> and will be used for the exclusive purpose of improving air operations within the R-2508 Complex. No punitive or displinary action will be taken as a result of statements made on this form.		
DATE/ TIME SITUATION OCCURRED:	LOCATION SIT	UATION OCCURRED:
TYPE AIRCRAFT:	OTHER AIRCRA	AFT INVOLVED:
CALL SIGN(S):	OTHER CALL S	IGN(S) IF KNOWN:
FREQUENCY(IES):	CONTROLLING	G AGENCY
ALTITUDE:		
NARRATIVE: (Be as complete as possible. Include recommendations to prevent reoccurrence. Add additional sheets as necessary.)		