

| SECTION A - ACCIDENT INFORMATION | | | | | | | | |
|--|----------|--|--|---|-----------------------------------|--------------------------------------|--|---|
| 1. CHECK ONE <input type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CHANGE | | 2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident) | | 3a. UNIT NAME AND MILITARY ADDRESS (Accountable Unit) | | | 3b. BRANCH (Armor, Infantry, etc.) | |
| 4. DATE OF ACCIDENT | | | 5. TIME OF ACCIDENT (Local Military Time) | 6. PERIOD OF DAY (Check one) | | 7. ACCIDENT OCCURRED (Check one) | 8. IF ON POST, NAME OF INSTALLATION/FACILITY | 9. ACCIDENT OCCURRED DURING (Check one) |
| a. YEAR | b. MONTH | c. DAY | | <input type="checkbox"/> a. Dawn | <input type="checkbox"/> b. Day | <input type="checkbox"/> a. On Post | | <input type="checkbox"/> a. Combat |
| | | | | <input type="checkbox"/> c. Dusk | <input type="checkbox"/> d. Night | <input type="checkbox"/> b. Off Post | | <input type="checkbox"/> b. Non-Combat |
| 10. WERE EXPLOSIVES OR AMMUNITION INVOLVED (Causal or Contributing Role) | | | 11a. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) | | | | | |
| <input type="checkbox"/> Yes (See DA PAM 385-40) <input type="checkbox"/> No | | | | | | | | |
| | | | 11b. TYPE OF LOCATION | | | 11c. GRID COORDINATES OR LAT/LONG | | |

| SECTION B - PERSONNEL INFORMATION | | | | | | | | |
|---|-------------------------------------|---------------------------------|--|--|--|---|--|--|
| 12. NAME (Last, First, MI) | | | 27. CLASSIFICATION AT TIME OF ACCIDENT (Check) | | | 28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Number in order of severity) (No more than 3) | | |
| 13. SOCIAL SECURITY NUMBER (SSN) | | 14. DOB (YYYYMMDD) | <input type="checkbox"/> a. Active Army | a. Struck Against | | g. Bodily Reaction | | |
| | | | <input type="checkbox"/> b. Army Civilian | b. Struck By | | h. Overexertion | | |
| 15. GENDER (Check) <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female | 16. RANK OR GRADE | 17. MOS OR JOB SERIES | <input type="checkbox"/> c. Army Contractor | c. Fell from Elevation | | i. Exposure | | |
| | | | <input type="checkbox"/> d. Army Direct Contractor | d. Fell from Same Level | | j. External Contact | | |
| 18a. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than Block 3, add UIC.) | | | <input type="checkbox"/> e. Nonappropriated Fund (NAF) | e. Caught In/ Under/ Between | | k. Ingested | | |
| | | | <input type="checkbox"/> f. Other U.S. Military | f. Rubbed/Abraded | | l. Inhaled | | |
| 18b. For injured Army Civilians or Contractors, enter home address | | | <input type="checkbox"/> g. ROTC | 29. BODY PART(S) AFFECTED (Number in order of severity) (No more than 3) | | | | |
| 19a. DUTY STATUS AT TIME OF ACCIDENT (Check one) | 19b. IF OFF DUTY (if on leave/pass) | | <input type="checkbox"/> h. Dependent | a. Body (General) | | m. Arm | | |
| <input type="checkbox"/> On Duty | <input type="checkbox"/> Leave | Date From: _____ | <input type="checkbox"/> i. NGB Tech | b. Head | | n. Wrist | | |
| <input type="checkbox"/> Off Duty | <input type="checkbox"/> Pass | Date To: _____ | <input type="checkbox"/> j. NGB IDT | c. Forehead | | o. Hand | | |
| 20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No | | | <input type="checkbox"/> k. NGB AT | d. Eyes | | p. Fingers | | |
| | | | <input type="checkbox"/> l. NGB ADSW | e. Nose | | q. Leg | | |
| 21a. TIME BEGAN WORK: _____ | | | <input type="checkbox"/> m. NGB AGR | f. Jaw | | r. Knee | | |
| 21b. CONTINUOUS WORK w/o SLEEP: _____ | | | <input type="checkbox"/> n. NGB ADT | g. Neck | | s. Ankle | | |
| 22. HRS. SLEEP IN LAST 24: _____ | | | <input type="checkbox"/> o. NG Activated | h. Trunk | | t. Foot | | |
| 23. DAYS LOST/RESTRICTED (not counting day of injury) | | 24. TREATED IN EMERGENCY ROOM | <input type="checkbox"/> p. USAR IDT | i. Chest | | u. Toes | | |
| a. Hospitalized: _____ Days | b. Not Hospitalized: _____ Days | <input type="checkbox"/> a. Yes | <input type="checkbox"/> q. USAR AT | j. Heart | | v. Other (Specify) | | |
| c. Restricted Activity: _____ Days | | <input type="checkbox"/> b. No | <input type="checkbox"/> r. USAR ADT | k. Back | | | | |
| 25a. OSHA 300 Log Case Number: _____ | | | <input type="checkbox"/> s. USAR FTM | l. Shoulder | | | | |
| 25b. Name of Physician/Health Care Provider: _____ | | | <input type="checkbox"/> t. USAR AGR | 30. TYPE OF INJURY/ILLNESS (Number to Correspond with Block 29) | | | | |
| 25c. If treatment was given away from worksite, where was it given? Facility: _____ Street: _____ City: _____ State: _____ | | | <input type="checkbox"/> u. USAR Activated | a. Burns (Chemical) | | m. Puncture Wound | | |
| | | | <input type="checkbox"/> v. Foreign Nat. Direct Hire | b. Burns (Thermal) | | n. Hernia, Rupture | | |
| | | | <input type="checkbox"/> w. Foreign Nat. Indirect Hire | c. Amputation | | o. Frostbite | | |
| 26. SEVERITY OF ILLNESS/INJURY (Check most severe) | | | <input type="checkbox"/> x. Foreign Nat. KATUSA | d. Decompression Sickness | | p. Heat Stroke | | |
| <input type="checkbox"/> a. Fatal (Date of Death _____) | | | <input type="checkbox"/> y. Foreign Mil. Attached to the U.S. Army | e. Asphyxiation (Suffocation) | | q. Heat Exhaustion | | |
| <input type="checkbox"/> b. Permanent Total Disability. Person can never again do gainful work. | | | <input type="checkbox"/> z. Public | f. Fractures | | r. Noise Injury/ Illness | | |
| <input type="checkbox"/> c. Permanent Partial Disability. Person loses or can never again use a body part | | | <input type="checkbox"/> aa. Not reported | g. Dislocation | | s. Needle Stick or Sharp | | |
| <input type="checkbox"/> d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters. | | | | h. Abrasions | | t. Loss of Consciousness | | |
| <input type="checkbox"/> e. Restricted Work Activity. Person is temporarily unable to perform regular duties; job transfer/light duty/profile. | | | | i. Concussion | | u. Other (Specify) | | |
| <input type="checkbox"/> f. Medical Treatment Beyond First Aid. Loss of consciousness, needle stick, etc. | | | | j. Sprain/Strain | | | | |
| <input type="checkbox"/> g. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) | | | | k. Cuts/Lacerations | | | | |
| <input type="checkbox"/> h. No Injury. | | | | l. Contusion | | | | |

SECTION B - PERSONNEL INFORMATION (Continued)

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

| | | | |
|---|---|---|--|
| <input type="checkbox"/> a. Soldiering | <input type="checkbox"/> i. Patient Care (People/Animals) | <input type="checkbox"/> q. Handling Animal | <input type="checkbox"/> y. Counseling/Advisory |
| <input type="checkbox"/> b. Combat Soldiering | <input type="checkbox"/> j. Test/Study/Experiments | <input type="checkbox"/> r. Maintenance/Repair/Serviceing | <input type="checkbox"/> z. Sports |
| <input type="checkbox"/> c. Physical Training | <input type="checkbox"/> k. Educational | <input type="checkbox"/> s. Fabricating | <input type="checkbox"/> aa. Hobbies |
| <input type="checkbox"/> d. Weapons Firing/Handling | <input type="checkbox"/> l. Information and Arts | <input type="checkbox"/> t. Handling Material/Passengers | <input type="checkbox"/> bb. Passenger |
| <input type="checkbox"/> e. Engineering or Construction | <input type="checkbox"/> m. Food and Drug Inspection | <input type="checkbox"/> u. Janitorial/Housekeeping/ Grounds Keeping | <input type="checkbox"/> cc. Human movement |
| <input type="checkbox"/> f. Communications | <input type="checkbox"/> n. Laundry/Dry Cleaning Services | <input type="checkbox"/> v. Food/Drink Preparations | <input type="checkbox"/> dd. Horseplay |
| <input type="checkbox"/> g. Security/Law Enforcement | <input type="checkbox"/> o. Pest/Plant Control | <input type="checkbox"/> w. Supervisory | <input type="checkbox"/> ee. Bystanding/spectating |
| <input type="checkbox"/> h. Fire Fighting | <input type="checkbox"/> p. Operating Vehicle or Vessel | <input type="checkbox"/> x. Office | <input type="checkbox"/> ff. Personal Hygiene/Food/Drink Consumption/Sleeping |

gg. Parachuting (See Instructions DA Pamphlet 385-40)

| | | |
|--------------------------|-------------------------------|--|
| (1) Jumper Height | (7) Wind Direction/Speed At | (15) Date graduated basic airborne training (YYYYMMDD) |
| (2) Jumper Weight | Jump Height Drop Zone | |
| (3) Type of Jump | (8) Jump Altitude | (16) Type of Aircraft |
| (4) Parachute Type/Model | (9) Position in Stick | |
| (5) Equipment | (10) Door Exited | (17) Accident factors (parachute): (Explain as necessary) |
| | (11) Time pre-jump conducted | |
| | (12) Date of Last Jump | |
| | (13) Type of Last Jump | |
| (6) Wt. of Equipment | (14) Number of previous jumps | |

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

| | | | | | | | | |
|---------------------------------------|---|---|--------------------------------|---------------------------------|--------------------------------|-------|----|-----|
| 33. ON FIELD EXERCISE/NAMED OPERATION | 34. ACTIVITY PART OF TACTICAL TRAINING? | 38. REQUIRED PROTECTIVE EQUIPMENT | | AVAILABLE? | | USED? | | N/A |
| | | <input type="checkbox"/> a. Yes (If YES, specify name of exercise/operation.) | <input type="checkbox"/> b. No | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | YES | NO | |

| | | | | | | | | | |
|--|----------------------------------|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 35. Type of training facility being used (Check one) | | | 38. CHECK APPROPRIATE BLOCK(S) | | YES | NO | YES | NO | N/A |
| <input type="checkbox"/> a. Garrison | <input type="checkbox"/> d. NTC | <input type="checkbox"/> g. Std. range facility/live fire | <input type="checkbox"/> a. Seat belt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> b. Local training area | <input type="checkbox"/> e. JRTC | <input type="checkbox"/> h. Other (Specify): | <input type="checkbox"/> b. Restraint System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> c. Major training area | <input type="checkbox"/> f. CMTC | | <input type="checkbox"/> c. Goggles/Glasses/Visor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> d. Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> e. Ear plugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | |
|---|--|--|--|--------------------------|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| 36. Type of training participating in at the time of accident (Check/specify) | | | <input type="checkbox"/> f. IBA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> a. School (Specify): | | | <input type="checkbox"/> g. Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> b. UNIT → <input type="checkbox"/> (1) Platoon <input type="checkbox"/> (2) Crew <input type="checkbox"/> (3) Individual | | | <input type="checkbox"/> h. Helmet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> c. On-the-job training | | | DOT Approved (If Motorcycle)? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

| | | | | | |
|---|---|--------------------------|--|---|---------------------------------|
| 37. Last time individual received training prior to accident on activity specified in Block 31? (Check one) | | | 39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? | 39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING | 39c. MSF CERTIFIED |
| <input type="checkbox"/> a. 0 - 3 months | <input type="checkbox"/> e. 1 - 2 years | <input type="checkbox"/> | <input type="checkbox"/> a. Yes | <input type="checkbox"/> a. Yes | <input type="checkbox"/> a. Yes |
| <input type="checkbox"/> b. 3 - 6 months | <input type="checkbox"/> f. More than 2 years | <input type="checkbox"/> | <input type="checkbox"/> b. No | <input type="checkbox"/> b. No | <input type="checkbox"/> b. No |
| <input type="checkbox"/> c. 6 - 9 months | <input type="checkbox"/> g. Never | <input type="checkbox"/> | <input type="checkbox"/> c. N/A | If Yes, Date _____ | If Yes, Date _____ |
| <input type="checkbox"/> d. 9 - 12 months | <input type="checkbox"/> h. Not applicable | <input type="checkbox"/> | | | |

| | | |
|---|--------------------------------|-------------------------------------|
| 40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one) | | |
| <input type="checkbox"/> a. Yes BAC %: _____ | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Unknown |

SECTION B - PERSONNEL INFORMATION (Continued)

41. If drug use by this individual caused/contributed to this accident, check appropriate block.

- a. Prescription b. Illegal c. Over-the-counter d. Supplements e. None

42. Were vision enhancement devices being used? (Check appropriate block.)

- a. Yes (Specify type/model in c and d.) b. No c. TYPE: _____ d. MODEL: _____

43. Standard/Reference covering activity/task

- | | |
|---|--|
| <input type="checkbox"/> a. Soldier's Manual (Task No.) _____ | <input type="checkbox"/> e. Federal/State Law |
| <input type="checkbox"/> b. CTT (Task No.) _____ | <input type="checkbox"/> f. Other (Specify): _____ |
| <input type="checkbox"/> c. AR/TM/FM (Specify) _____ | <input type="checkbox"/> g. None (Go to Block 45.) |
| <input type="checkbox"/> d. SOP | |

44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)

- a. Yes b. No (If NO, complete blocks 45-47.)

45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)

- a. Yes (If YES, complete blocks 46-47.) b. No

46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)

47. Why was mistake made/activity performed incorrectly? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> a. Inadequate school training (content/amount) | <input type="checkbox"/> g. Poor/bad attitude/indiscipline | <input type="checkbox"/> m. Inadequate written procedures (AR, TM, SOP) |
| <input type="checkbox"/> b. Inadequate unit training (content/amount) | <input type="checkbox"/> h. Lack of rest/sleep | <input type="checkbox"/> n. Improper supervision |
| <input type="checkbox"/> c. Inadequate on-the-job training | <input type="checkbox"/> i. Effects of alcohol/drugs/illness | <input type="checkbox"/> o. Other (Specify in narrative) |
| <input type="checkbox"/> d. Fear/excitement/anger | <input type="checkbox"/> j. Inadequate facilities | |
| <input type="checkbox"/> e. Overconfident in own/others abilities/complacent | <input type="checkbox"/> k. Inadequate services | |
| <input type="checkbox"/> f. In a hurry | <input type="checkbox"/> l. Improper equipment design | |

48. Time licensed on this vehicle (Check one)

- a. Less than one year
 b. One to two years
 c. Over two years
 d. Unlicensed

49. Total AMV driving mileage (Check one)

- a. Less than 1,000 miles
 b. 1,000 - 5,000 miles
 c. 5,000 - 10,000 miles
 d. Over 10,000 miles

50a. Total time in unit (Check one)

- Less than 6 months
 6 months - 1 year
 Over one year

50b. Date Assigned/Hired (YYYYMMDD)

50c. Date of redeployment from combat zone, if applicable (YYYYMMDD)

51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.)

- Item A Item B Item C Other (Specify) _____

SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not)

ITEM A

ITEM B

ITEM C

52. Type of item

53a. Model number

b. Serial number

54. Ownership (DoD, DA, POV, Unit Person)

55. Dollar cost of damage.

56. Rollover protection system installed?

- Yes No NA Yes No NA Yes No NA

57. Was this item being towed?

- Yes No NA Yes No NA Yes No NA

58. If towed, enter letter for item doing towing.

59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)

Types of Collisions

- | | |
|--|---|
| 1- Going forward and collided with moving vehicle | 7- Ran off the road |
| 2- Going forward and collided with parked vehicle | 8- Jackknifed |
| 3- Collision while backing | 9- Going forward and rear-ended moving vehicle |
| 4- Collision with pedestrian | 10- Going forward and rear-ended parked vehicle |
| 5- Collision with object (other than vehicle/pedestrian) | 11- Collision while turning |
| 6- Overturned | 12- Other (Specify) |

SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not) (Continued)

60. Component/Part that Failed/Malfunctioned (Complete this section if a materiel failure/malfunction caused/contributed to the accident.)

| | ITEM A | ITEM B | ITEM C |
|---------------------------------------|--------|--------|--------|
| a. National Stock Number | | | |
| b. Part Number | | | |
| c. Describe Part | | | |
| d. Manufacturer's Identification Code | | | |
| e. EIR/QDR Number | | | |

| 61. How/Why Part Malfunctioned (Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.) | HOW | WHY | HOW | WHY | HOW | WHY |
|---|-----|-----|-----|-----|-----|-----|
| | | | | | | |

How Part Failed/Malfunctioned Codes:

- 1 - Overheated/burned/melted
- 2 - Froze (*temperature*)
- 3 - Obstructed/pinched/clogged
- 4 - Vibrated
- 5 - Rubbed/worn/frayed
- 6 - Corroded/rusted/pitted
- 7 - Overpressured/burst
- 8 - Pulled/stretched
- 9 - Twisted/torqued
- 10 - Compressed/hit/punctured
- 11 - Bent/warped
- 12 - Sheared/cut
- 13 - Decayed/decomposed
- 14 - Electric current action
- 15 - Unknown/Other
- Blank - Not Reported

Why Part Failed/Malfunctioned Codes:

- 1 - Improper equipment design
- 2 - Inadequate maintenance
- 3 - Inadequate manufacture of equipment
- 4 - Inadequate written procedures (*AR, TM, SOP*)
- 5 - Improper supervision
- 6 - Unknown
- 7 - Other (*Specify in narrative*)

SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED

62. Environmental Conditions. (Check environmental conditions present and indicate if conditions caused/contributed to the accident.)

| PRESENT | CAUSED/ CONTRIBUTED | CONDITION | PRESENT | CAUSED/ CONTRIBUTED | CONDITION |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Clear/dry; visibility unlimited | <input type="checkbox"/> | <input type="checkbox"/> | k. Wind gust/turbulence |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Bright, glare | <input type="checkbox"/> | <input type="checkbox"/> | l. Vibrate, shimmy, sway, shake |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Dark, dim | <input type="checkbox"/> | <input type="checkbox"/> | m. Radiation, laser, sunlight |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Fog, condensation, frost | <input type="checkbox"/> | <input type="checkbox"/> | n. Holes, rocky, rough, rutted, uneven |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Mist, rain, sleet, hail | <input type="checkbox"/> | <input type="checkbox"/> | o. Inclined/steep |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Snow, ice | <input type="checkbox"/> | <input type="checkbox"/> | p. Slippery (<i>not due to precipitation</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Dust, fumes, gazes, smoke, vapors | <input type="checkbox"/> | <input type="checkbox"/> | q. Air pressure (<i>bends, decompression, altitude, hypoxial</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Noise, bang, static | <input type="checkbox"/> | <input type="checkbox"/> | r. Lightning, static electricity, ground |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Temperature/humidity (<i>cold, heat</i>) | <input type="checkbox"/> | <input type="checkbox"/> | s. Other (<i>Specify</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Storm, hurricane, tornado | | | |

SECTION E - ACCIDENT DESCRIPTION/NARRATIVE (From Blocks 10, 46, 47, 61 and 62)

63. The investigation board will report, in narrative form on letter size paper, the facts, conditions, and circumstances as established during the investigation and present this information in accordance with DA PAM 385-40, paragraph 4-4.

| | | | |
|--|--|-----------------------------------|--------------------|
| 64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT | | 64b. RANK | 64c. TITLE |
| 64d. SIGNATURE | | 64e. DATE OF SIGNATURE (YYYYMMDD) | 64f. TELEPHONE NO. |
| | | | 64g. EMAIL ADDRESS |

SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW

65. The investigation board will formulate the findings and recommendations on letter sized paper in accordance with the examples contained in DA PAM 385-40, paragraph 4-3.

66a. PRINTED/TYPED NAME OF COMMANDER

66b. RANK

66c. SIGNATURE

66d. DATE OF SIGNATURE
(YYYYMMDD)

66e. TELEPHONE NO.

66f. EMAIL ADDRESS

| | a. TYPED NAME/EMAIL ADDRESS | b. SIGNATURE | c. TITLE | d. RANK/DATE |
|-----|-----------------------------|--------------|----------|--------------|
| 67. | | | | |
| 68. | | | | |
| 69. | | | | |

SECTION G - SAFETY OFFICE USE ONLY

70. LOCAL REPORT NO.

71. ARMY HEADQUARTERS

72. ACCIDENT TYPE *(Check choice)*

| | | |
|--|--|---|
| <input type="checkbox"/> a. Army Motor Vehicle | <input type="checkbox"/> h. Other Army Vehicle | <input type="checkbox"/> o. Personal Injury - Other |
| <input type="checkbox"/> b. Army Combat Vehicle | <input type="checkbox"/> i. Fire | <input type="checkbox"/> p. Property Damage - Other |
| <input type="checkbox"/> c. Army Operated Vehicle | <input type="checkbox"/> j. Chemical Agent | <input type="checkbox"/> q. POV - On Official Business |
| <input type="checkbox"/> d. POV - Not on Official Business | <input type="checkbox"/> k. Explosive | <input type="checkbox"/> r. Space |
| <input type="checkbox"/> e. Marine Diving | <input type="checkbox"/> l. Missile | <input type="checkbox"/> s. Commercial Carrier/Transportation |
| <input type="checkbox"/> f. Marine Underway | <input type="checkbox"/> m. Radiation | |
| <input type="checkbox"/> g. Marine Not Underway | <input type="checkbox"/> n. Nuclear | |

73. NAME OF SAFETY POINT OF CONTACT (POC)

74a. PHONE NO. OF SAFETY OFFICER POC
(DSN, Commercial, etc.)

75. DATE REPORT COMPLETED BY SAFETY OFFICER
(YYYYMMDD)

74b. EMAIL ADDRESS

SECTION H - EXPLOSIVES/AMMUNITION

| 76. EXPLOSIVE/AMMUNITION INFORMATION: | ITEM 1 | ITEM 2 | ITEM 3 | ITEM 4 |
|---------------------------------------|--------|--------|--------|--------|
| a. LOT # | | | | |
| b. QUANTITY | | | | |
| c. NET EXPLOSIVE WEIGHT (NEW) | | | | |
| d. DoDIC/DoDAC | | | | |

77. SPECIAL INTEREST

78. SUPPLEMENTAL INFORMATION