

**TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT  
INDEX B**

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL  
CSOCS-308

**1. DATE OF ACCIDENT (YYYYMMDD)**

2. TAB	Title	Encl	Not Appl	See Remarks
A	Statement of Reviewing Officials (DA Form 285-O)			
B	U.S. Army Accident Report (DA Form 285)			
C	Findings and Recommendations			
D	Narrative of Accident			
E	Summary of Witness Interviews (DA Form 285-W)			

**3. REMARKS**

**4. BOARD MEMBERS**

a. President (Name and Signature)	Grade	Branch	Address and Tel. No.
	E-mail		
b. Recorder (Name and Signature)	Grade	Branch	Address and Tel. No.
	E-mail		
c. Medical Officer (Name and Signature)	Grade	Branch	Address and Tel. No.
	E-mail		
d. Maint Officer/Tech/SME (Name and Signature)	Grade	Branch	Address and Tel. No.
	E-mail		
e. Other (Name and Signature)	Grade	Branch	Address and Tel. No.
	E-mail		
f. Other (Name and Signature)	Grade	Branch	Address and Tel. No.
	E-mail		