

**SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED**

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

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

**SECTION E - ACCIDENT DESCRIPTION/NARRATIVE *(From blocks 10, 47)***

63. GIVE THE SEQUENCE OF EVENTS THAT AMPLIFY/EXPLAIN WHAT HAPPENED, LEADING UP TO AND INCLUDING THE ACCIDENT. *(Explain why accident happened.)*

64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT		64b. RANK	64c. TITLE	
64d. SIGNATURE			64e. DATE OF SIGNATURE <i>(YY/MM/DD)</i>	64f. TELEPHONE NO.

**SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW**

65. DESCRIBE THE ACTIONS TAKEN, PLANNED, OR RECOMMENDED TO ELIMINATE THE CAUSE(S) OF THIS ACCIDENT *(from unit level up to HQDA)*.

66a. PRINTED/TYPED NAME OF COMMANDER		66b. RANK	
66c. SIGNATURE		66d. DATE OF SIGNATURE <i>(YY/MM/DD)</i>	66e. TELEPHONE NO.
	a. TYPED NAME	b. SIGNATURE	c. TITLE
67.			
68.			
69.			

**SECTION G - SAFETY OFFICE USE ONLY**

70. LOCAL REPORT NO.	71. MACOM
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**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 <i>(POC)</i>	74. PHONE NO. OF SAFETY OFFICE POC <i>(AUTOVON, Commercial, Etc.)</i>	75. DATE REPORT COMPLETED BY SAFETY OFFICE <i>(YY/MM/DD)</i>
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**SECTION H - SPECIAL INTEREST AND/OR SUPPLEMENTAL INFORMATION**

76.	
77.	
78.	
79.	

## U.S. ARMY ACCIDENT REPORT Instructions

**General.** The unit having the accident must investigate it and complete this report. Complete the shaded portions **only** for: Military off-duty, non-fatal accidents; and military on-duty accidents resulting in less than 20 lost workdays. Accidents involving 20 or more lost workdays and/or total property damage of \$2,000 or more will require completion of the entire report. Type or legibly print the report. Items may be continued on a blank sheet of paper and attached to the report. Items listed below are keyed to the block numbers of DA Form 285, May 91. Items not listed here are self explanatory. Specific questions concerning this form should be referred to the local safety office.

### SECTION A - Accident Information

**Note:** This section should be completed for the initial report and for any changes to a previously submitted report.

1. Check "INITIAL" if this is the first report on the accident. Check "CHANGE" if this report is a change to a previously submitted report of the accident.
2. Enter the 6-digit Unit Identification Code (UIC) for the unit responsible for the accident (e.g., WXXXXX).
3. Provide military unit information for the unit listed in Block 2.
  - a. Full military address (e.g., C Troop, 1/17 Cavalry, Ft. Bragg, NC 12345-6789).
  - b. Provide the unit branch (e.g., Armor, Infantry, Transportation).
4. Enter the year, month, and day of the accident (e.g., 90 11 07 {7 November 1990}).
5. Enter the military time the accident occurred (e.g., 0815, 2300).
7. Check either item a or b, depending on the location of the accident.
8. If item a is checked, state name of post or installation (e.g., Ft. Bragg, NC; Federal Center, Atlanta, GA; Ft. Hood, TX; Shaw AFB, SC).
9. Check item a if accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater.
10. Check "Yes" if explosives (C-4, TNT), ammunition, or pyrotechnics were involved and explain in Block 63 its involvement and specify the National Stock Number (NSN).
11. Give enough detail to find the exact location of the accident (e.g., building number, street or highway name, state and/or country). Also state the type of location (e.g., road intersection, tank trail, family housing, firing range).

### SECTION B - Personnel Information

**Note:** Complete this section for each individual involved and/or injured in the accident. "Involved" means any person who was injured, or who took actions, or made decisions which caused or contributed to the accident. If more than one person was involved, enter information on one person on the initial form and complete only Sections A and B on additional forms for others. Staple all forms together.

16. Enter individual's rank/grade (e.g., E5/SGT, O3/CPT, GS-11, WG-8). Complete for all Government personnel.
17. Enter individual's full MOS/Job Series (e.g., 54E20, 11B40, GS-301).
18. Provide individual's full **Military** address for all Government personnel. If this address is not the same as that in Block 3a, provide the unit UIC.
21. State how many continuous hours without sleep this individual was on-duty prior to the accident.

22. Indicate how many hours of continuous sleep this individual had in the past 24 hours.

23. State the estimated number of days this individual will be away from work (**totally unable to perform any work, bed rest/on quarters**). Does not include days hospitalized.

24. State the estimated (**or actual**) number of days this individual is hospitalized (**inpatient/admitted**) receiving treatment. Days hospitalized for "observation only" are not reported.

25. State the estimated number of days this individual will not be able to perform his or her regular duties (**light duty, profile**).

26. Check appropriate block. If more than one applies, check the most severe.

28. For this individual's "most severe injury", check the appropriate block(s) (**no more than 3**) that indicate the cause of the injury.

29. **Number** the body part(s) most seriously injured (**no more than 3**) in their order of priority (**the most serious first**). Be as specific as possible.

30. For each body part numbered in block 29, place a corresponding number to indicate the type of injury received (**select only the most serious**).

31. Check the appropriate block that best describes the individual's action at the time of the accident. If Block 31gg is checked, complete Blocks 76 and 77 of Section H, as indicated by these instructions.

32. Provide a short but detailed explanation of the item checked in Block 31.

**Note:** For this report, the following definitions apply:

**Tactical Training** - Training in a field environment that uses or develops combat or combat support skills.

**Field Exercise and Tactical Training** - This begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

33. Check "Yes" if activity listed in Block 31 was part of a field exercise. State name of exercise if it has a name (e.g., Team Spirit, Reforger).

42. If vision enhancement device(s) were used, specify type and model numbers, and whether they caused the accident (e.g., Night Vision Goggle, AN-PVS5A).

43. Provide standard or reference (*Soldier's Manual, AR, TM, etc.*), if it exists, that covers performance of the activity identified in Block 31.

46. Provide a simple explanation of the mistake(s) or how the activity or task was performed incorrectly (e.g., SGT Smith improperly backed his M915 truck without a ground guide).

47. **In your opinion**, why was the mistake made or the activity performed incorrectly? Check the most important reason.

51. Check the block corresponding to the piece of equipment associated with the person in Block 12 (e.g., SGT Adams was driving the "at-fault" HMMWV; his name will be in Block 12, and his vehicle will be Item a in Section C below).

### SECTION C - Property/Material Involved

Complete Blocks 52-59 on each piece of property or item of equipment involved in the accident (**whether damaged or not**). Include Army and non-Army, as well as equipment whose use or misuse contributed to the accident. Include up to 3 items of equipment on the initial form. Use additional blank sheets of paper for other equipment if necessary, continuing letter sequence (e.g., A, B, C, D, and E).

52. Type of equipment (e.g., sedan, truck, generator).

53. Full military equipment model number or civilian make (e.g., M109A2, M60A2, Ford Taurus, M16 Rifle).

55. Estimated cost of damage (*ECOD*) or actual cost of damage (*ACOD*) for each piece of property, which includes costs of parts and labor.

57. Indicate if this specific item was being towed **at the time of the accident**.

58. If Block 57 is "yes", indicate which item was doing the towing.

60. Complete for each component or part whose failure or malfunction contributed to the accident. Include the EIR/ODR number in Block 60e.

61. Indicate how and why each component or part failed or malfunctioned by selecting from the lists provided and entering the appropriate number in the blocks provided.

### SECTION D - Environmental Conditions Involved

62. Check the environmental conditions present at the time of the accident (**no more than 3**) by checking appropriate blocks, whether contributing to the accident or not. Also check whether they caused or contributed to the accident.

### SECTION E - Accident Description/Narrative

63. Fully describe the sequence of events that lead up to and caused the accident. Explain how and why the accident occurred. Also include information required from Blocks 10 and 47.

### SECTION F - Corrective Action and Command Review

**Note:** The level of command review (*Company, Battalion, Division, etc.*) is determined by either the major Army command (*MACOM*) or installation policy.

65. Fully describe all actions taken, planned, or recommended to eliminate the cause(s) of this accident. Actions should be identified as appropriate at unit level, and all the way up to HQDA level.

### SECTION G - SAFETY OFFICE USE ONLY

71. MACOM responsible for this accident (*FORSCOM, TRADOC, etc.*).

### SECTION H - Special Interest/Supplemental Information

This section is for use by the U.S. Army Safety Center, MACOMs, or interested safety offices to obtain additional "Special Interest/Supplemental Information" on this accident as needed (e.g., M1 tank fires, tactical parachute accidents, etc.). Blocks 76 and 77 have been designated for collection of supplemental information on parachuting accidents.

Blocks 76 and 77. If Block 31gg was checked, provide the following supplemental information for each individual:

- a. Name of jumper;
- b. Jumper height;
- c. Jumper weight;
- d. Type of jump (*static line, non-tactical; static line, mass technical; freefall, non-tactical; freefall, tactical*);
- e. Type of parachute and model;
- f. Jumper's equipment (*list*);
- g. Weight of equipment;
- h. Wind direction and speed at
  - (1) Jump height,
  - (2) Drop zone;
- i. Jump altitude;
- j. Jumper's position in stick and door exited;
- k. Time pre-jump conducted;
- l. Date of last jump and type of jump;
- m. Number of previous jumps;
- n. Date graduated from basic airborne training (*year and month*);
- o. Type of aircraft;
- p. Accident cause(s): Improper exit, static line injury, broken static line, parachute malfunction, entanglement, lost or stolen air, oscillation, unstable position, dragged on DZ, tree landing, drop zone hazard (*specify*), or other.