AGAR

Abbreviated Ground Accident Report

Use and Preparation Guide

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U.S. ARMY COMBAT READINESS/SAFETY CENTER

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DA Form 285-AB
Abbreviated Ground Accident Report
(AGAR) is a three-page fill-in-the-block/narrative form used for reporting specific ground accidents IAW AR 385-10 and DA PAM 385-40

Summary of Reporting Requirements

All Accidents

All accidents (regardless of accident class or personnel duty status) **must be reported** to the local safety office and to the immediate commander or supervisor whose operation, personnel, or equipment is involved.

Accident Classification Criteria

- **Class A.** An Army accident in which the resulting total cost of property damage is $2 million or more; an Army aircraft is destroyed, missing, or abandoned; or an injury and/or occupational illness results in a fatality or permanent total disability. Note that unmanned aircraft system (UAS) accidents are classified based on the cost to repair or replace the UAS. A destroyed, missing, or abandoned UAS will not constitute a Class A accident unless replacement or repair cost is $2 million or more.
- **Class B.** The resulting total cost or reportable property damage is $500,000 or more but less than $2,000,000; an injury and/or occupational illness results in permanent partial disability (PPD), or three or more personnel are inpatient hospitalized as a result of a single occurrence.
- **Class C.** The resulting total cost of property damage is $50,000 or more but less than $500,000; a nonfatal injury causes any loss of time from work beyond the day or shift on which it occurred, or a nonfatal illness or disability causes loss of time from work or disability at any time (lost-time case).
- **Class D.** An Army accident in which a nonfatal injury or occupational illness occurs that results in restricted work activity, transfer to another job, medical treatment greater than first aid, needle stick injuries and cuts from sharps that are contaminated from another person's blood, or other potentially infectious material, medical removal under medical surveillance requirements of an OSHA standard, occupational hearing loss, or a work-related tuberculosis case; total cost of property damage is $2,000 or more but less than $50,000.

On-duty Accidents

- **Class A & B accidents**. The U.S. Army Combat Readiness/Safety Center (USACRC) must be notified immediately about any Class A or B on-duty Army ground accident. The information required is on the "Telephone Notification of Ground Accident" worksheet, DA Form 7306 on the CRC website or the Army Publishing Directorate website. These accidents are **not** reported on the AGAR, but are required to be investigated by an accident investigation board (see AR 385-10, paragraph 3-14 for accident board requirements). This report will be completed and submitted to the

USACRC within 90 calendar days from the date of the accident**.** Report to OSHA within 8 hours after the death of any Army civilian employee from a work related incident or the inpatient hospitalization of 3 or more civilian employees as a result of a work related incident. An activity representative must orally report the fatality/multiple hospitalization by telephone or in person to the area office of the OSHA, and the U.S. Department of Labor, that is nearest to the site of the incident. The representative may also use the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).

- **Class C & D accidents.** Class C accidents will be reported on the AGAR within **90** calendar days of the date of the accident, and **Class D** accidents will be reported within **30** calendar days for from the date of the accident. Appropriate additional substantiating information should be attached to the AGAR when it is forwarded to the USACRC. Use the AGAR to report civilian personnel injuries in lieu of OSHA Form 301. (OSHA reporting items are integrated into Army forms.)

Off-duty Accidents

- **Class A & B accidents**. The U.S. Army Combat Readiness/Safety Center (USACRC) must be notified immediately for any Class A or B off-duty Army ground accident involving military personnel. The information required is on the "Telephone Notification of Ground Accident" worksheet DA Form 7306 located on the CRC website or the Army Publishing Directorate website. These accidents will require follow-up with a completed AGAR within 30 calendar days of the date of the accident.
- **Class C & D accidents**. All Class C and D accidents will be reported on the AGAR within 30 calendar days of the date of the accident.

Combat Accident Reporting

All classes of accidents. The AGAR may be used to report all classes of accidents in areas of combat or contingency operations when the theater senior tactical commander determines that the situation, condition, and/or time does not permit normal investigation and reporting procedures. Standard reporting procedures found in AR 385-10 will be used when time and conditions permit. All Class A and B accident initial notification will be telephonic to USACRC.

GROUND ACCIDENTS
NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES

	PEACETIME			COMBAT*2	
ACCIDENT CLASS	**TELEPHONIC NOTIFICATION WORKSHEET**	**AGAR**	**DA FORM 285**	**TELEPHONIC NOTIFICATION WORKSHEET**	**AGAR ONLY By any Means Possible (ARAS, email, Fax, Phone, Hand Carry, Mail)**
ON-DUTY A	**Immediately *1**	**Not Required**	**IAI/CAI-90 days**	**Immediately *1**	**As time Permits (Not to Exceed 60 days)**
B	**Immediately *1**	**Not Required**	**IAI/CAI-90 days**	**Immediately *1**	**As time Permits (Not to Exceed 60 days)**
C	**Not Required**	**W/in 90 days**	**Not Required**	**Not Required**	**As Time Permits (Not to Exceed 60 days)**
D	**Not Required**	**W/in 30 days**	**Not Required**	**Not Required**	**As Time Permits (Not to Exceed 30 days)**
OFF-DUTY A	**Immediately *1**	**W/in 30 days**	**Not Required**	**Immediately *1**	**As Time Permits (Not to Exceed 30 days)**
B	**Immediately *1**	**W/in 30 days**	**Not Required**	**Immediately *1**	**As Time Permit (Not to Exceed 30 days)**
C	**Not Required**	**W/in 30 days**	**Not Required**	**Not required**	**As Time Permit (Not to Exceed 30 days)**
D	**Not Required**	**W/in 30 days**	**Not Required**	**Not Required**	**As Time Permit (Not to Exceed 30 days)**

***NOTE: 1. USACRC must be notified IMMEDIATELY by phone at DSN 558-2660/3410 or Commercial (334) 255- 2660/3410.**

2. When the Senior Tactical Commander determines that the situation, conditions, or time does not permit normal peacetime investigation and reporting, refer to Figure 1-4 in DA PAM 385-40.

All reporting requirements are in *Calendar* days.

CIVILIAN ACCIDENTS
NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES

ACCIDENT CLASS	TELEPHONIC NOTIFICATION WORKSHEET	AGAR	DA FORM 285	OSHA Log 300	OSHA 301
ON-DUTY A	Immediately *1	Not Required	IAI/CAI-90 days	Yes *2	*3
B	**Immediately *1**	**Not Required**	**IAI/CAI-90 days**	**Yes *2**	***3**
C	**Not Required**	**W/in 90 days**	**Not Required**	**Yes *2**	***3**
D	**Not Required**	**W/in 30 days**	**Not Required**	**Yes *2**	***4**
3 or more civilian employees hospitalized	**Immediately *1**	**Not Required**	**IAI/CAI-90 days**	**Yes *2**	***3**

***NOTE: 1. USACRC must be notified IMMEDIATELY by phone at DSN 558-2660/3410 and unit representative must orally report the fatality/multiple hospitalization by telephone or in person (within 8 hours) to the area office of the OSHA, U.S. Department of Labor, that is nearest to the site of the incident. The representative may also use the OSHA toll–free central telephone**

number, 1–800–321–OSHA (1–800–321–6742). Employers must enter each recordable case on the appropriate OSHA forms within 7 calendar days of receiving information that a recordable case occurred.

2. **OSHA Form 300-A Summary of Work-Related Injuries and Illnesses. The commander is responsible for preparing an annual summary of injuries and illnesses that occurred during the calendar year. The annual summary, OSHA form 300A, displays the totals from columns G through M of OSHA log 300. The summary also displays the calendar year covered, units name and address.**
3. **If a civilian injury or illness is recordable, the appropriate 285-series will be used in lieu of the OSHA Form 301, Injury and Illness Incident Report. Not reportable to OSHA in Combat/OCONUS.**

Submitting Reports

Forward the original of the completed AGAR to USACRC. **Units should consult their local Safety Office or Higher Headquarters Safety Office for guidance on the proper routing procedures of accident reports in their command.**

When time-sensitive safety-of-use issues are involved, telephonically notify the USACRC (334) 255-2660/3410 or DSN 558-2660/3410.

Forward reports as follows:

- **Mail to: Commander, U.S. Army Combat Readiness/Safety Center**
  ATTN: CSSC- O, Quality Control Support Branch
  Bldg 4905, 5th Ave
  Fort Rucker, AL 36362-5363
- **Fax: (334) 255-2266 or DSN 558-2266**
- **Email: accidentinformation@conus.army.mil**

Points of contact for questions or help in completing this form is available at your local Safety Office or at USACRC (334)-255-2256 or DSN 558-2256.

An electronic copy of the DA FORM 285-AB in various formats may be obtained by clicking on https://safety.army.mil/, then click on ACCIDENT REPORTING & INVESTIGATION, then FORMS, then GROUND ACCIDENT FORMS & INSTRUCTIONS, or the Army Publishing Directorate website http://www.apd.army.mil/.

The automated reporting system allows for quick and easy reporting through the USACRC web site: https://safety.army.mil.

Safety and Occupational Health Program injury/illness log

Employers must enter each recordable case on the appropriate OSHA forms within 7 calendar days of receiving information that a recordable case occurred. The rule requires employers to keep three forms:

a. OSHA Form 300, Log of Work-Related Injuries and Illnesses. On the 300 Log, the employer checks one and only one of the outcome columns for each case, the one representing the most serious outcome of the case. If the status changes, then the entry must be changed. For example, if the injured employee is experiencing days away from work then dies, the employer must remove (or line out) the day's away entry and the day count and check the box for a fatality. Only required for Army civilian occupational injuries and illnesses.

b. OSHA Form 300A, Summary of Work-Related Injuries and Illnesses. This form must be posted at the end of each calendar year from 1 February to 30 April of the year following the year covered by the form.

c. The OSHA Forms 300 and 300A or equivalent form will be maintained for all Army personnel, military, civilian, and contractors, as defined in DA Pam 385-40. Maintain military occupational injuries/illnesses on a separate log from other personnel.

d. The DA Form 285-series or DA Form 2397-series forms as appropriate will be used in lieu of the OSHA Form 301, Injury and Illness Incident Report. This form captures data on each injury and illness (the length of service, what time the injury occurred, what time the employee started work).

Note. Employers can keep their records on equivalent forms, on a computer, or at a central location, provided they can get information into the system within 7 calendar days after the injury or illness occurs and they can produce the data at the establishment when required. Records must be retained for 5 years.

Department of the Army installations and/or the responsible safety office for the employees will be provided the required information necessary to meet the OSHA recordkeeping requirements (see AR 385-10, para. 3-8b(4) and DA Pam 385–40, App. I). Using the standards outlined in the OSHAct, DA installations and/or the safety office in the employees' chain of command are responsible for ensuring that injuries and occupational illnesses to Army civilians and contractors as defined in AR 385-10, paragraph 3–5, are recorded using the appropriate Army accident reporting forms in accordance with AR 385-10, para. 3–8*b*(1) and 3–8*b*(2) and DA Pam 385-40. Note that although a report is required, contractor accidents will not be counted as Army accidents unless one of the conditions listed in AR 385-10, para. 3–3 exists. They are further responsible for maintaining an OSHA Form 300 (Log of Work–Related Injuries and Illnesses) in accordance with OSHAct standards.

Detailed Instructions for Completing the AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of accident, the unit/activity accountable for the accident, and the blocks being continued. For accidents involving more than one person, the entire form will be completed on the most responsible person. <u>An additional AGAR with Blocks 1 through 5, and 11 through 37 (38 if applicable) will be completed for each additional person who contributed to the cause of the accident or was injured in the accident sequence.</u> The instructions are keyed to block numbers. <u>*Information not covered in this guide can be found in DA Pam 385-40.*</u>

1. Block 1. Date and time of accident.
a. Enter the year (e.g., 2010)
b. Enter the month (e.g., 06)
c. Enter the day (e.g., 21)
d. Enter the local military time (e.g., 2315)

2. Block 2, Period of day. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light. Dawn is the period between beginning of morning nautical twilight (BMNT) and official sunrise. Dusk is the period of time between official sunset and end of evening nautical twilight (EENT).

3. Block 3. Accident Class. Enter the accident's classification: A, B, C, or D. (See definitions in or AR 385-10, para. 3-4).

4. Block 4. Combat status. Check whether or not the accident occurred during combat. Combat should be checked if the 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 immediately following combat.

5. Block 5. Unit Identification. Enter information for the unit or organization responsible for the accident. Guidance for determining accident accountability can be found in AR 385-10, paragraph 3-9.

a. Block 5a. Enter the **<u>six-digit</u>** unit identification code (UIC) for the specific organizational unit or activity responsible for the accident (e.g.,WAX2A0).

b. Block 5b. Unit address. Enter the full military address of unit/organization (e.g., B Company, 2/18 Cavalry, Ft. Bragg, NC 12345-9876).

c. Block 5c. Unit's Branch. Enter the abbreviation of Army branch the unit is affiliated with (e.g., Armor, Infantry, Engineer, etc.,) Army branches are listed in Table 4–2, p.19 of this publication.

d. Block 5d. Army Headquarters. Enter the abbreviation for the Army command, Army Service Component Command, or Direct Reporting Unit that the unit/activity belongs to (e.g., Army Materiel Command, U.S. Army Europe and 7th Army, Forces Command, etc..)

6. Block 6. Location of the accident.

a. Block 6a. Enter the exact location of the accident (e.g., building number, street name and address, distance from nearest landmark, etc.)

b. Block 6b. Enter one code for primary function of the accident location, see Table 4–3, pp.19-20 of this publication.

c. Block 6c. Enter the grid coordinate or latitude/longitude for the accident location.

d. Block 6d. Enter the state or country if outside the United States.

e. Block 6e. Indicate whether the accident occurred on or off post, and if on post, enter the name of the installation/activity.

7. Block 7. Explosives/Ammunition. Check if explosives, ammunition, or pyrotechnics were involved. Involved meaning the explosives/ammunition had a causal or contributing role in the accident, to include severity of damage or injury/occupational illness. If "Yes" is checked, provide the information specified in DA PAM 385-40, paragraph 5-3, in blocks 9, 39, 42, and the synopsis. Check the appropriate fields in block 39 if the explosive/ammunition was exposed to significant environmental conditions and describe in block 40.

8. Block 8. Mission.

a. Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, state so.

b. Block 8b. Was the task a Mission Essential Task List task? Check the appropriate box.

9. Block 9. Vehicle/Equipment/Materiel Involved. "Involved" means vehicle/equipment/materiel/property that is damaged, whose use or misuse contributed to the accident or whose materiel failure/malfunction caused and/or contributed to the accident. Include Army and non-Army equipment/materiel. Use one line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary (be sure to annotate the accident date, location, and block number).

a. Block 9a. Enter the name of the equipment /material involved.

b. Block 9b. Enter the equipment model.

c. Block 9c. Enter the equipment serial number (if applicable).

d. Block 9d. Indicate who owns the vehicle/equipment/material (e.g., DOD, DA, Unit, POV, etc.).

e Block 9*e*. Enter an estimate of the damage cost for the piece of equipment listed in Block 9a.

f. Block 9f. From the list below select the type(s) of collision in which this property/materiel was involved. More than one collision type might be appropriate for the property/materiel. If so, enter up to three, in sequence, in the space provided. If "Other" is selected, specify what type of collision in the space provided. If no collision was involved, leave blank.

1 = Going forward and collided with moving vehicle
2 = Going forward and collided with parked vehicle
3 = Collision while backing
4 = Collision with pedestrian
5 = Collision with object (other than vehicle/pedestrian)
6 = Overturned
7 = Ran off road

8 = Jackknifed
9 = Going forward & rear-ended with moving vehicle
10 = Going forward & rear-ended stopped vehicle
11 = Collision while turning
12 = Other (specify)

Note: If the item in block 9a experienced a materiel failure/malfunction that caused or contributed to the accident, complete blocks 9g-9l and block 10. If not, skip to block 11.

g. Block 9g – 9l, Materiel malfunction/failure information. Enter the code that indicates how the component/part failed/malfunctioned (mode of failure, see Table B-3 below). Complete items g through l for each component/part whose failure or malfunction contributed to the accident. Annotate whether an EIR/PQDR (SF 368) was prepared and submitted through appropriate channels for each component/part.

Table B-3
Materiel Failures/Malfunctions

Code: M01 Keyword/Explanation:	Overheated/burned/melted. Key words: blister, boil, carbonize, char, flame, fuse, or glaze. Excessive heat caused material or equipment to fail or malfunction.
Code: M02 **Keyword/Explanation:**	Froze (temperature). Key words: congeal or solidify. Excessive cold caused material/equipment to fail/malfunction.
Code: M03 **Keyword/Explanation:**	Obstructed/pinched/clogged. Key words: block, crimp, or restrict. Function of materiel or equipment was hindered or completely cut off by an obstacle.
Code: M04 **Keyword/Explanation:**	Vibrated. Key words: oscillate or shake. Side-to-side or forward-and-backward movement of materiel or equipment caused it to fail or malfunction.
Code: M05 **Keyword/Explanation:**	Rubbed/worn/frayed. Key words: abrade, chafe, fret, groove, score, or scrape. Friction-producing movement was applied to materiel or equipment to such and extent that it failed or malfunctioned.
Code: M06 **Keyword/Explanation:**	Corroded/rusted/pitted. Key words: erode or oxidize. Gradual wearing away (usually by chemical action) of materiel or equipment to such an extent that it failed or malfunctioned.
Code: M07 **Keyword/Explanation:**	Overpressured/burst. Key words: balloon, bulge, explode, rupture, or swell. Steady or abrupt force was applied over the surface of materiel or equipment to such an extent that it failed or malfunctioned.
Code: M08 **Keyword/Explanation:**	Pulled/stretched. Key word; elongate. Steady or abrupt force applied to materiel or equipment caused it to move toward the force, in whole or in part, to such an extent that it failed or malfunctioned.
Code: M09 **Keyword/Explanation:**	Twisted/torqued. Key word: turn. Steady or abrupt application of twisted forces caused materiel or equipment to fail or malfunction.

Code: M10 **Keyword/Explanation:**	Compressed/hit/punctured. Key words: chip, collapse, crush, dent, nick, pinch, press. Steady or abrupt application of force that presses/impacts materiel or equipment causing it to fail or malfunction.
Code: M11 **Keyword/Explanation:**	Bent/warped. Key words: bow or buckle. Changing materiel or equipment from an original straight, level, or even condition through the application of force to such an extent that it failed or malfunctioned.
Code: M12 **Keyword/Explanation:**	Sheared/cut. Key words: chop or sever. Failure or malfunction was caused by steady or abrupt force applied to materiel, resulting in a break with the two parts sliding parallel to each other in different directions.
Code: M13 **Keyword/Explanation:**	Decayed/decomposed. Key words: mildew, rot, or spoil. Chemical or biological action resulted in a gradual decline in materiel or equipment strength to such an extent that if failed or malfunctioned.
Code: M14 **Keyword/Explanation:**	Electric current action. Key words: short, arc, fusing, grounding, amperage, voltage, surge. Action of electric current caused materiel or equipment to fail or malfunction.
Code: M15 **Keyword/Explanation:**	No defect but does not meet the mission requirements.
Code: M97 **Keyword/Explanation:**	Insufficient information to determine type of failure.

10. Block 10. Why Did the Materiel Fail/Malfunction (Root Cause)? Materiel failures/malfunctions can be caused by the shortcomings of support. *Specific causes may include:*

a. Block 10a Support - Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment/materiel not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities/services). Determine the underlying reason (root cause(s)) the materiel failed/malfunctioned and check accordingly (see DA Pam 385-40, Appendix B.)

b. Block 10b. Describe how the materiel failed/malfunctioned and explain why (i.e., explain mode of failure from block 9g and root cause). Example: Block 9g = M05, and Block 10a = "Support – Equip/Material improperly designed," enter why the improper design caused the material to fail or malfunction by friction producing movement.

Note: One complete form is required. If more than one individual is involved, submit an additional form, completing only blocks 1-5 and 11-37 (38 if applicable) for each person. Involved means any person who was injured or who took actions or made decisions that caused or contributed to the accident.

11. Block 11.

a. Block 11a. Enter last name, first name, and middle initial of involved person. Include unit name, address, and UIC if it is **different** from block 5a.

b. Block 11b. For Army civilians, Army contractors, or members of the visiting public that are injured, enter their home address.

12. Block 12. Enter the SSN of the individual listed in block 11.

13. Block 13. Personnel Classification.

a. Block 13a, Enter the code for the classification (at the time of the accident) of the person listed in block 11. See Table 4-5, p.22 of this publication.

b. Block 13b, Date assigned/hired. For DOD personnel, enter the date the individual was assigned/hired at the unit/organization.

c. Block 13c. Indicate the date of redeployment, if applicable.

14. Block 14. MOS/job series. For Army personnel, enter the full MOS or job series of the individual; e.g., 63B10, GS-0018-14, etc.

15. Block 15. Duty status.

a. For DOD personnel, check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11. (See Glossary in DA Pam 385-40 for definitions of on- and off-duty status).

Note: This determination applies for safety accident reporting purposes only, and has no relation to compensability or line-of-duty decisions.)

b. If the Soldier was on leave or pass at the time of the accident, check the box and enter the inclusive leave/pass dates (e.g., 20080705).

16. Block 16. Enter the date of birth for the individual listed in block 11(YYYYMMDD).

17. Block 17. Enter the gender for the individual listed in block 11 (“M” for male or “F” for female).

18. Block 18. For DOD personnel, enter the rank/pay grade for the individual listed in block 11 (e.g., E5, 03, GS-11, WG-8).

19. Block 19. Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

20. Block 20. Most Severe Injury/occupational illness. For the individual listed in block 11, complete Blocks a through d for the most severe injury/occupational illness.

a. Block 20a, Degree. Enter the code that indicates the severity of the injury/occupational illness to the individual list in block 11 from the table below. If more than one applies, enter the most severe. See Glossary in DA Pam 385-40 for definitions.

a = Fatal
b = Permanent Total Disability
c = Permanent Partial Disability
d = Days Away From Work
e = Restricted Work Activity (Light duty, profile)
f = Medical Treatment Beyond First Aid (Includes cases of loss of consciousness, needle stick/cuts from sharps)
g = First Aid Only
h = No injury/occupational illness

b. Block 20b, Injury/illness Type. Enter the code below that best describes this person's most serious injury/occupational illness type.

A - Burns (chemical)
B - Burns (thermal)
C - Amputation
D - Decompression sickness
E - Asphyxiation (suffocation)
F - Fractures
G - Dislocation
H - Abrasions
I – Concussion
J - Sprains/strain
K - Cuts/lacerations
L - Contusion
M - Puncture wound
N - Hernia, rupture
O - Frostbite
P - Heatstroke
Q - Heat exhaustion
R - Noise injury
S – Needle sticks or cuts from sharps
T – Loss of consciousness
U – Other (specify). e.g. electrocution

c. Block 20c, Body Part. Enter the code below that best describes the most seriously injured part of this person's body. Body part entered here should be the one with the injury indicated in previous block.

A - Body (General, cannot specify)
B - Head
C - Forehead
D - Eyes
E - Nose
F - Jaw
G - Neck
H - Trunk
I - Chest
J - Heart
K - Back
L - Shoulder
M - Arms
N - Wrist
O - Hand
P - Fingers
Q - Leg
R - Knee
S - Ankle

T - Foot
U -Toes
V – Other

d. Block 20d, Cause. Enter the code below that best describes the cause of the most serious injury/occupational illness to this individual.

A - Struck against
B - Struck by
C - Fell from elevation
D - Fell from same level
E - Caught in/under/between
F - Rubbed/abraded
G - Bodily reaction
H - Overexertion
I - Exposure
J - External contact
K - Ingested
L - Inhaled
M - Thrown from

21. Block 21. Lost time

a. Block 21a, Days hospitalized. Enter the actual or estimated total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for "observation only" are only included if they miss a day of work.

b. Block 21b, Days lost not hospitalized. Enter the estimated or actual number of days this individual will be away from work, totally unable to perform any work, on bed rest/quarters, convalescence leave, or time a physician indicated that the individual could not work regardless of whether the individual was scheduled to work. Count all calendar days including weekends and holidays. For example, if the individual was injured on Friday and the individual could work on Monday, if the physician or licensed health care professional indicated they should not work over the weekend, enter 2 days. If there is no information from the physician, enter 0 days. No more the 180 calendar days are required to be annotated.

c. Block 21c, Days restricted. Enter the actual or estimated number of days the individual was unable to perform one or more routine job functions (regularly performed by the individual at least once per week), or could not work a full work day they would otherwise have been scheduled to work; or a physician or licensed health care professional recommends that the employee not perform one or more routine function of his/her job. Restricted work activities include light duty, profiles and job transfers.

d. Block 21d, Treated in ER. Check appropriate box regarding ER treatment for individual, otherwise leave blank.

22. Block 22.

a. OSHA Log 300 Case Number. For injured personnel, enter the OSHA Log 300 case number for the individual listed in block 11. (Note: Does not apply to off-duty Army civilian personnel/*Optional for military personnel*).

b. Enter the name of the physician or other health care professional who treated the individual. *Optional for military personnel.*

c. If treatment was given away from the worksite, enter the name and address of the facility.

23. Block 23. Activity Code. Enter the code that best describes this individual's activity at the time of the accident. Complete block 38 if the activity is parachuting.

A Soldiering
B Combat soldiering
C Physical training
D Weapons firing/handling
E Engineering or construction
F Communication
G Security/law enforcement
H Fire-fighting
I Patient care
J Test/study/experiments
K Educational
L Information and art
M Food and drug inspection
N Laundry/dry cleaning services
O Pest/plant control
P Operating vehicle/vessel
Q Handling animal
R Maintenance/repair/ servicing
S Fabricating
T Handling material/ passengers
U Janitorial/housekeeping, grounds keeping
V Food/drink preparations
W Supervisory
X Office
Y Counseling/advisory
Z Sports
AA Hobbies
BB Passenger
CC Human movement
DD Horseplay
EE By-standing/spectating
FF Personal hygiene/ eating/sleeping
GG Parachuting

24. Block 24. Briefly describe this individual's activity at the time of the accident. For example, the Soldier was a right rear passenger in the vehicle at the time of the accident; the individual was performing maintenance on a split rim tire in the maintenance shop, etc.

25. Block 25. Personal Protective Clothing and Equipment (PPE). If PPE is not required and was not used, skip to block 26. Check block for the type of personal protective equipment that was required or used. Check "Yes" if it was available. Otherwise, check "No" and explain in block 40.

Check “Yes” if the equipment was used. Otherwise, check “No.” If it was not used and it was required and available, be sure to include the failure or error in the appropriate blocks and explain in block 40. NOTE: Restrain systems are those such as the Gunner’s Restraint System in military vehicles.

26. Block 26. Check the appropriate box to indicate whether or not this individual’s use of alcohol or drugs (include prescription, over the counter, supplements or illegal drugs) caused or contributed to the accident. If “Yes” is checked, explain in block 40.

27. Block 27. Equipment this Person was associated with. Enter the item number (e.g., #1, #2) from block 9 that indicates which piece of equipment this individual was associated with.

28. Block 28. Licensed to Operate Equipment.

a. Block 28a. If this individual was operating a vehicle or equipment (at the time of the accident) that required a license, complete the following information. Check the appropriate block. If no, skip to block 29.

b. Block 28b. Check “Yes” if the individual has attended the mandatory 4 hours of classroom instruction in traffic safety and indicate the date of the training. Otherwise, check “No.”

c. Block 28c. If the individual was operating a motorcycle in this accident, check yes if the individual is motorcycle safety foundation certified and enter the date. Otherwise, check “No.”

29. Block 29. Duty Hours.

a. Block 29a. Enter the time the Soldier or employee began work.

b. Block 29b. State how many continuous hours this individual was on duty without sleep before the accident.

30. Block 30. Hours Sleep. Enter the number of hours of sleep (cumulative) this individual had in the past 24 hours.

31. Block 31. Tactical Training. Indicate whether the activity listed in blocks 23 and 24 was part of tactical training. Field exercise and tactical training begin 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.

32. Block 32. Type Training Facility. If the individual was participating in any type of training, enter the code for the type of training facility being used. If not applicable, leave blank.

<u>Code/Facility</u>

A = Garrison
B = Local training area
C = Major training area
D = NTC
E = JRTC
F = CMTC
G = Standard range facility/live fire
H = Other (specify)

33. Block 33. Last Training. For the activity specified in blocks 23 and 24, enter the number of months since the last time the individual received training prior to the accident.

34. Block 34. Named exercise. Check "Yes" if activity listed in blocks 23 and 24 was part of a field exercise or a named operation. Indicate the name of the exercise or operation (major and local field training exercise) if it has a name (e.g., Team Spirit, OIF/OEF). Check "No" if activity was not part of a field exercise or named operation.

35. Block 35. Night Vision System. Indicate if night vision systems (devices) were being used by this individual at the time of the accident (e.g., night vision goggles, AN/PVS-14). If used, specify the type. If they caused or contributed to the accident, explain in Block 40.

36. Block 36. Individual Mistake(s) that Caused/Contributed to the accident or severity of injury or occupational illness/damage.

a. Block 36a. In your opinion, did this individual make a mistake(s) that caused and/or contributed to the accident? If the answer is YES, complete Blocks 36b, 36c, and Block 37. If NO, skip to Block 39.

b. Block 36b. Enter the code from Table B-2, p. 23 of this publication, which best indicates the type of mistake or task error (TE) made by this individual. There should be one TE per finding.

c. Block 36c. Describe the mistake and how it caused/contributed to the accident. Be specific, e.g., block 36a-YES; block 36b-52; block 36c- "The M109A3 howitzer driver trainee, while being ground guided into parking space, performed improper braking and improper foot placement on pedal. That is, when given the signal to stop, the driver moved his foot left to apply brakes and depressed upper level of accelerator pedal instead. Consequently, the vehicle ran over the ground guide's foot and fractured it." Attach continuation sheets as needed.

37. Block 37. Why the Mistake(s) was made (system inadequacies/root cause [SI]). Mistakes can be caused by shortcomings of support, standards/procedures, training, leaders, or the individual. Specific causes include:

- Support - Shortcomings in type, capability, amount or condition of equipment, supplies, services, facilities, and number and type personnel.
- Standards/procedures - Standards/procedures not clear or not practical or standards/procedures do not exist.
- Training - School training, Unit training, or Experience/On–the–Job training insufficient in content/amount.
- Leader - Direct, Unit Command, or Higher Command Supervision not ready, willing, or able to enforce known standards.
- Individual - Soldier knows and is trained to standard but elects not to follow standard (self–discipline—mistake due to own personal factors).

a. Block 37a. Identify why the mistake was made (specific root cause(s)). See Table B-5, pp. 26-29 of this publication, for definitions. Check the box next to the associated root cause (multiple boxes can be checked).

b. Block 37b. Describe the root cause(s) and tell how it/they caused the mistake. See Table B-5, pp. 26-29of this publication, for definitions. For example, if block 37a = "Support - Equip/Materiel Improperly Designed," then block 37b might say something like, "Design of accelerator pedal on M109 series, unlike M110, consists of two distinct levels with upper level immediately adjacent to

brake pedal. As a result, when M109A3 howitzer driver was given the signal to stop, he moved his foot left to apply brakes and depressed upper level of accelerator pedal instead (SI-11) (which caused the TE, improper braking—improper foot placement on pedal)." Attach continuation sheets as needed.

38. Block 38. Parachuting information. If the activity for the individual listed in block 11 is parachuting, complete blocks 38a through q.
a. Jumper Height – In inches (example - 5'8" would be 68")
b. Jumper Weight – In pounds (round up at > 1/2 lb or 8 ozs, example - 168 1/2 lbs would be rounded up to 169 lbs)
c. Type of Jump – Static line, non-tactical; static line, mass tactical (night or day); freefall, non-tactical; freefall, tactical (night and day)
d. Parachute Type/Model – Self explanatory
e. Equipment – List type equipment (For example, rucksack (ALICE), weapon, LBE, AIR PAC)
f. Weight of Equipment – Give approximate weight of jumper's equipment, in pounds
g. Wind Direction/Speed - Jump height, drop zone – What was the wind direction (in degrees) and speed (in knots) at jump altitude and on ground when jumper exited aircraft?
h. Jump Altitude – Altitude jumpers' exited aircraft (in feet)
i. Position in the Stick – What number in stick was jumper to exit the door?
j. Door Exited – Self explanatory
k. Time Pre-jump Conducted – Date and time (time in Zulu)
l. Date of Last Jump – Self explanatory
m. Type of Last Jump – See letter c above
n. Number of Previous Jumps – Self explanatory
o. Date Graduated from Basic Airborne Training – (yyyymmdd)
p. Type Aircraft – Self explanatory
q. Accident Factors (parachute) - improper exit, static line injury, broken static line, parachute malfunction, entanglement, lost/stolen air, oscillation, unstable position, dragged on drop zone, tree landing, drop zone hazard (specify), or other. Explain as necessary.

39. Block 39. Environmental conditions. Enter the code(s) (no more than three from the list below) to indicate the conditions present at the time of the accident. Also indicate if the condition caused or contributed to the accident by checking the Caused/Contributed block b, and, if YES, explain in Block 40.

<u>Code/Condition</u>

A = Clear/dry
B = Bright/glare
C = Dark/dim
D = Fog/condensation/frost
E = Mist/rain/sleet/hail
F = Snow/ice
G = Dust/fumes/gasses/smoke/vapors
H = Noise/bang/static
I = Temperature/humidity (cold/heat)
J = Storm/hurricane/tornado
K = Wind/gust/turbulence

L = Vibrate/shimmy/sway/shake
M = Radiation/laser/sunlight
N = Holes/rocky/rough/rutted/uneven
O = Inclined/steep
P = Slippery (not due to precipitation)
Q = Air pressure (bends, decompression, altitude, hypoxia)
R = Lightning/static electricity/grounding
S = Electromagnetic radiation (EMR)
T = OTHER (specify)

40. Block 40. Synopsis. Provide a brief synopsis of the accident explaining what and how the accident happened. If need be, continue on a separate sheet of paper annotating the block number and attach it to the report. The synopsis should include the events leading up to the accident, the actual accident sequence, and the post accident scene and actions. For example, if a Soldier was involved in an off-duty POV accident, be sure to indicate where the Soldier was going, where he/she was coming from, etc. Also, please include the following information:

FOR on-duty accidents:

- At what level was the mission/training conducted (individual, crew, squad, platoon, company, battalion, brigade, etc.)?
- Who was in charge during the mission/training (rank/position)?
- Who was the senior leader present during the mission/training (rank/position)?

FOR off-duty accidents:

- Indicate whether the Soldier was on leave, pass, or PCSing, or TDY? If so,
  - How long was the Soldier on leave/Pass when the accident occurred?
  - Did the accident occur while the Soldier was enroute to/from his/her destination?
- Was the Soldier deployed within the 365 days prior to the accident (yes/no)? If yes,
  - When did the Soldier return from the deployment?
  - Where was the deployment?
  - How long was the deployment?
- Was the Soldier recently notified that he/she would deploy soon?
- Was there leader contact prior to the accident (yes/no)? If yes,
  - What level of leadership?
  - What type of contact (brief, ASMIS-1, trip planning, counseling, vehicle inspection, other)
- Did the Soldier have a history of risky behavior, such as recurring traffic violations, negative counseling, extreme sports or hobbies, violent acts, or other dysfunctional events?
  - Were there other factors such as abrupt changes to training rotations or assignments that might have encouraged celebratory binging behavior (yes/no)? (That is, grabbing as much "fun" as possible because uncertainties in training or deployment status give the Soldier little stability to plan when he/she might have another chance for off-duty pleasures.) If so, comment.

41. Block 41. Corrective Action(s) Taken or Planned. Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening. See Table B-6, pp. 29-30 of this publication.

42. Block 42. Explosive/Ammunition. If block 7 was checked "Yes," complete blocks (a through d) as appropriate; lot numbers, quantity, net explosive weight (NEW) of all ammunition and explosives involved, and DODIC or DODAC.

Note: If the explosive/ammunition was exposed to significant environmental conditions, the environmental conditions should be checked in block 39, and an explanation of the conditions and their effect on the explosive/ammunition should be provided in the synopsis. Significant environmental conditions include the following: extremely high/low temperatures; electromagnetic environmental effects (E^3); e.g., radiated energy (RFI) (such as being in close proximity to a radar site), electromagnetic energy (EMR), electrostatic energy or high voltage; water or high humidity; or prolonged exposure to direct sunlight.

43. Block 43. Point of Contact.

a. Block 43a. Enter the name, rank, and position of the individual from the unit/organization who can answer questions about this accident report.

b. Block 43b. Enter the phone number for the individual listed in 43a.

c. Block 43c. Enter the AKO email address for the individual listed in block 43a.

44. Block 44. Command Review. As locally required.

45. Block 45. Safety Office Review.

a. Block 45a. Enter the name, rank and title of the safety office reviewing official (usually the next higher office from individual in block 43).

b. Block 45b. Enter the DSN and commercial phone number of the safety office reviewing official.

c. Block 45c. Enter the AKO email address of the individual listed in 45a.

d. Block 45d. Enter the date the report was reviewed.

e. Block 45e. Enter the local report number (safety office use only).

Table 4-2
Army Branches

Army Branch	Abbreviation
Adjutant General	AG
Air Defense Artillery	AD
Armor	AR
Army Medical Specialist Corps	SP
Army Nurse Corps	AN
Aviation	AV
Chaplain	CH
Chemical	CM
Dental Corps	DC
Engineers	EN
Field Artillery	FA
Finance Corps	FC
Infantry	IN
Judge Advocate General's Corps	JA
Logistics	LG
Medical Corps	MC
Medical Service Corps	MS
Military Intelligence	MI
Military Police	MP
Ordnance	OD
Public Affairs	PA
Quartermaster Corps	QM
Signal Corps	SC
Special Forces	SF
Transportation Corps	TC
Veterinary Corps	VC

Table 4–3
Types of Accident Locations

Code	Type Location
Maintenance/fabrication facility	
A1	Vehicle facility (motor pool, maintenance shop)
A2	Aircraft facility (hangar)
A3	Vessel facility (boat overhaul/rebuild facility)
A4	Engineer facility (carpentry/electrical/plumbing shop)
A5	Other maintenance facility
Travel ways	
B1	Pedestrian way (sidewalk)
B2	Vehicle trail (tank trail)
B3	Roadway (street, curb, shoulder, driveway)
B4	Parking lot
B5	Aircraft way (flight line, runway)
B6	Railroad
Other operational facilities/areas	
C1	Office building

C2 Communications facility
C3 Construction site
C4 Security/law–enforcement facility
C5 Bridge
C6 Dam
C7 Navigation locks
C8 Barge
C9 Dredge
C10 Floating plant
C11 Vessel (not elsewhere coded)
C12 ARNG/Reserve armory

Training Areas
D1 Range—small arms/individual weapons
D2 Range—crew–served weapons
D3 Range—aerial firing/bombing
D4 Range—infiltration course
D5 Dedicated nonfiring training area (obstacle/confidence course, parachute drop zone, landing zone, stagefield)
D6 Temporary training area (unit assembly area, bivouac area)
D7 Range—EOD
D8 Range—Tirehouse
D9 Urban Training

Service facilities
E1 Library
E2 Chapel/church
E3 Child–care center
E4 Post office
E5 Laboratory
E6 Medical care facility
E7 Fire station
E8 Commissary
E9 Post exchange
E10 Dining facilities
E11 Post exchange, service station, gas station
E12 Museum
E13 Animal–care facility
E14 Refuse disposal area
E15 Laundry/cleaning facility

Terrain and water locations
F1 Sloped terrain (ditch, mountain)
F2 Wooded terrain (forest, swamp, marsh)
F3 Open terrain (field, desert)
F4 Moving bodies of water (creek, stream, river)
F5 Standing bodies of water (pond, lake, ocean)
F6 Lake shore/beach

Storage facilities
G1 Storage buildings (ammunition bunker, warehouse, barn, storage shed)
G2 Outside storage area (POL dump, property disposal area)

Plants and factories
H1 Heating plant

H2	Printing plant
H3	Electric generating plant (includes power substations)
H4	Ammunition/weapons manufacturing plant
H5	Other industrial plants and factories
Recreation/entertainment facilities	
I1	Indoor facilities (bowling alley, gym, movie theater, swimming pool)
I2	Outdoor facilities (playing fields, golf course, swimming pool)
Housing facilities	
J1	Family housing
J2	Individual housing (BOQ, barracks, rooms)
Freight and passenger terminals	
K1	Airport/airfield (includes control tower)
K2	Rail station/yard
K3	Port/dock/wharf
K4	Vehicle terminal (bus station, truck terminal)
School facilities	
L1	Kindergarten through grade 12
L2	Army–operated technical/occupational training facilities/classrooms (aviation/ maintenance school)
L3	Non–Army–operated technical/occupational training facilities/classrooms (university/college classes)
Hobby shop	
M1	Auto hobby shop
M2	Woodworking hobby shop
M3	Other hobby shop

Table 4–4
Pay Grade/Rank Codes

Grade/Code	Description
01–10	Commissioned officer
W1–W5	Warrant officer
E1–E9	Enlisted service member
GS1–GS18 & GM13–GM18	DOD civilian employee
WG1–WG18 & WS13–WS18	Wage board employee
NSPS	National Security Personnel System
XN	Foreign National
X–1	Foreign officer
X–2	Foreign enlisted
CAC	Contractor employee
CIV	Non–DOD civilian
DAC	Department Army Civilian
KAD	USMA
ROTC	ROTC students
NRPT	Not Reported

OC	WOC/OC
UNK	Unknown
UNKE	Unknown Enlisted
UNKO	Unknown Officer
OTH	Personnel other than above

Table 4–5
Personnel Classification Codes

Code	Description
A	Active Army
B	Army civilian
C	Army contractor
C1	Army direct contractor
D	Non-appropriated Fund employee
E0	Other US military personnel
E1	Navy
E2	Air Force
E3	Marine Corps
F0	Foreign Military
F1	Foreign National Direct Hire
F2	Foreign National Indirect Hire
F3	Foreign National KATUSA
F4	Foreign Military Attached
G	Dependent
M	Government, Other
NO	National Guard
N1	NG Tech
N2	NG IDT
N3	NG AT
N4	NG ADSW
N5	NG AGR
N6	NG ADT
N7	NG Activated
O	Other
P	Public
RO	Reserve
R1	Reserve IDT
R2	Reserve AT
R3	Reserve ADT
R4	Reserve FTM
R5	Reserve Tech
R6	Reserve Activated
R7	Reserve AGR
T	ROTC
U	Unknown
Z	Not reported

Table B–2
Ground Specific

Individual mistakes/task errors - Errors made by personnel not in a supervisory capacity or a supervisor that makes an error not related to supervisory responsibilities. For example, a supervisor was injured because he failed to wear his seatbelt.
Code: 01
Keyword/explanation: Inadequate planning - Failed to properly organize or coordinate.
Improper modification of the plan during execution.
Code: 02
Keyword/explanation: Improperly/failed to lock/block/secure, (for example, load).
Code: 03
Keyword/explanation: Inadequate inspection/check of vehicle or equipment (before, during, after operations check). Failed to use the appropriate checklist or TM to perform the inspection.
Code: 04
Keyword/explanation: Improper application of safety equipment, device, guard, sign, signal, or PPE. Failed to adhere to posted warning signs/signals/guards. Failed to use required safety equipment, device, guard, sign, signal or PPE.
Code: 05
Keyword/explanation: Operating while fatigued when not necessary/directed.
Code: 06
Keyword/explanation: Improper use of equipment - Did not use equipment when required.
Used right equipment improperly. Used wrong equipment.
Code: 07
Keyword/explanation: Improper lifting - Used incorrect lifting technique. Failed to use appropriate assistance.
Code: 08
Keyword/explanation: Failed to take appropriate precautions for adverse environmental conditions (rain, haze, fog, snow, ice, reduced visibility).
Code: 09
Keyword/explanation: Improper body position - Hazardous position. Awkward position. Unprotected position (sleeping, eating).
Code: 10
Keyword/explanation: Improperly walked, ran, or climbed.
Code: 11
Keyword/explanation: Failed to stay alert, remain awake, or attentive to what was happening (situational awareness to environment, conditions, or operations). Failed to pay attention. Improperly divided attention. Improperly monitored. Improperly scanned. Fell asleep.
Code: 12
Keyword/explanation:
Failed to ensure adequate clearance/space (enough room) for operation.
Code: 13
Keyword/explanation: Misjudged clearance (improperly estimated/evaluated).

Code: 14
Keyword/explanation: Improper weapons and ammunition handling - Improper sighting, aiming, firing, throwing. Unauthorized use or handling. Improper carrying, lifting, transporting. Improper clearing, disarming, unloading. Improper assembling, cleaning, disassembling. Improper disposal or turn-in.
Code: 16
Keyword/explanation: Improperly pulled or pushed equipment or material.
Code: 17
Keyword/explanation: Failed to firmly grip/hold equipment/material.
Code: 18
Keyword/explanation: Inadequate improvising/troubleshooting.
Code: 19
Keyword/explanation: Inadequate crew coordination/communication.
-Improper actions sequence - improper sequencing or timing of actions with other crewmembers; for example, driver initiated vehicle movement before receiving clearance from ground guide or senior occupant.
-Failure to offer assistance, information, or warning, (for example, driver failed to warn other crewmembers of impending hazard (rollover)).
-Lack of positive communication, (for example, transmission, acknowledgement, or confirmation using standard terminology with specific qualifiers); (for example, tank commander failing to confirm crewmembers were clear before traversing turret).
-Failure to announce decision/action that affects other crewmembers' duties, (for example, occupant failed to announce to the driver their decision to dismount the vehicle during a momentary halt).
-Failed to direct/request assistance from other crewmembers, (for example, although neither track command (TC) nor driver could see, the TC failed to direct a crewmember to dismount and act as a ground guide).
Code: 20
Keyword/explanation: Improper assembly.
Code: 21
Keyword/explanation: Under the influence of drugs or alcohol.
Codes 22–39 reserved for future use.

VEHICLE/EQUIPMENT SPECIFIC
Code: 40
Keyword/explanation: Excessive speed. Exceeding the posted speed limits. Excessive speed for conditions.
Code: 41
Keyword/explanation: Improper passing. Misjudged clearance while passing. Passing at an unsafe time or place. Failed to take precautions when passing pedestrians.
Code: 42
Keyword/explanation: Improper turning. Failed to yield the right-of-way while turning. Oversteering while turning. Improper U–Turn.
Code: 43
Keyword/explanation: Failed to yield the right-of-way other than when turning.
Code: 44
Keyword/explanation: Failed to stop at a controlled intersection.

Code: 45
Keyword/explanation: Improperly stopped or parked.
Code: 46
Keyword/explanation: Improper backing.
Code: 47
Keyword/explanation: Failed to use a ground guide when required.
Code: 48
Keyword/explanation: Ground guide used improper/incorrect position, signal, or procedure.
Code: 49
Keyword/explanation: Following too close for environmental conditions or vehicle speed/design.
Code: 50
Keyword/explanation: Driving in the wrong lane.
Code: 51
Keyword/explanation: Improper lane change.
Code: 52
Keyword/explanation: Improper braking. Improper placement on the pedal. Too much or too little pressure. Applied too soon or too late.
Code: 53
Keyword/explanation: Improperly shifted/placed gear selector on vehicle or equipment.
Code: 54
Keyword/explanation: Abrupt control/steering response (except while turning).
Code: 55
Keyword/explanation: Improperly mounted or dismounted vehicle/equipment.
Code: 56
Keyword/explanation: Operating vehicle/equipment with known malfunction/unsafe mechanical conditions.
Codes: 57–74 reserved for future use.

Leader/Supervisory Mistakes/Task Errors - Errors made by personnel acting in a leader or supervisory capacity in which they failed to execute a task associated with supervisory responsibilities.
Code: 75
Keyword/explanation: Improper personnel selection/assignment. Inexperienced. Untrained. Unlicensed. Impaired, (for example, fatigued).
Code: 76
Keyword/explanation: Knowingly allowed equipment operator to violate procedures.
Code: 77
Keyword/explanation: Failure to ensure proper positioning of personnel prior to vehicle/equipment operation.
Code: 78
Keyword/explanation: Failure to brief or provide adequate information.
Code: 79
Keyword/explanation: Failure to assign responsibilities before or during the mission.
Code: 80
Keyword/explanation: Inadequately/improperly selected site location/termination point, (for example, size, obstacles/environmental hazards/crew experience).

Code: 81
Keyword/explanation: Improperly prepared site location, (for example, type/placement of markers/detection/removal of obstacles/hazards).
Code: 82
Keyword/explanation: Failed to ensure adequate inspection/check of vehicle or equipment (before, during, after operations check) was conducted. Failed to ensure the appropriate checklist or TM to perform the inspection was used.
Code: 83
Keyword/explanation: Failed to conduct adequate pre-mission inspection of personnel or equipment.
Code: 84
Keyword/explanation: Failed to ensure repairs, services, modifications, installations, or maintenance such as lubrication/inspections, were completed in accordance with appropriate TMs and SOPs.
Code: 85
Keyword/explanation: Failed to take appropriate/timely actions to prevent or stop violations of safe operations/procedures; for example, make on the spot corrections.
Code: 86
Keyword/explanation: Failed to enforce use of personal protective equipment.
Code: 87
Keyword/explanation: Inadequate mission planning.
-Inadequate time allowed for pre-mission preparation. Set mission start time which did not allow adequate pre-mission preparation.
-Set/permitted inappropriate mission start time for environmental/weather conditions.
-Mission execution - failure to properly modify the plan or procedure(s) in response to mission events, conditions, or circumstances. Improperly modifying the plan during execution.
-Pre-mission planning - failure to choose appropriate options for known conditions and contingencies and develops this into a course of action to maximize probability of mission accomplishment. Risk management, operational, and logistical decisions.
Code: 97
Keyword/explanation: Insufficient information to determine the mistake or task error.

Table B–5
System inadequacies/readiness shortcomings/root causes ("Why" the error, failure, or malfunction occurred)

LEADER FAILURE occurs when leaders fail to monitor mission execution and planning, correct inappropriate behavior, take appropriate action, or emphasize correct procedures that allowed subordinates to commit task errors or results in a materiel failure.

Code: 01
Keyword/explanation: Inadequate/improper supervision by higher command.
Code: 02
Keyword/explanation: Inadequate/improper supervision by staff officer.
Code: 03
Keyword/explanation: Inadequate/improper supervision by unit command.
Code: 04

Keyword/explanation: Inadequate/improper supervision by direct supervisor/noncommissioned officer in charge/platoon leader/instructor. Note: Inadequate supervision becomes a root cause when it leads to accident-causing personnel mistakes or materiel failure/malfunctions. Inadequate supervision is more clearly identifiable at the immediate-supervisor level.
Code: 04A
Keyword/explanation: When a leader who is not in the individual chain of command fails to make an on-the-spot correction.

TRAINING FAILURE occurs when training is incorrect, incomplete, insufficient for performance to standard.
Code: 05
Keyword/explanation: Inadequate school training. School training becomes a root cause when people make accident-causing mistakes because the school training was inadequate in content or amount.
Code: 06
Keyword/explanation: Inadequate unit/on-the-job training. Unit/on-the-job training becomes a root cause when people make accident-causing mistakes because the training provided was inadequate in content or amount.
Code: 07
Keyword/explanation: Inadequate experience. Supervised on-the-job experience is the follow-up to school and unit training programs. Experience becomes a root cause when people make accident-causing mistakes because the experience provided was inadequate in content or amount.
Code: 08
Keyword/explanation: Habit interference becomes a root cause when a person makes an accident-causing error because task performance was interfered with either the way he usually performs similar tasks, or the way he usually performs the same task under different conditions or with different equipment.

STANDARDS FAILURE occurs when standards do not exist or they are unclear, impractical, or inadequate.
Code: 09
Keyword/explanation: Inadequate written procedures for operation under normal or abnormal/emergency conditions. Inadequate written procedures (AR, TM, SOP, written directives) become the root causes when they lead to accident-causing mistakes or materiel failures/malfunctions.

SUPPORT FAILURE occurs when the type, amount, capabilities, condition of the support is sufficient to correctly perform the mission. Support includes: personnel, equipment, materiel, supplies, services, or facilities.
Code: 10
Keyword/explanation: Inadequate facilities/service. Inadequate facilities or services become root causes when the maintenance, space and/or support provided for personnel and materiel to accomplish their functions cause mistakes or failures/malfunctions that lead to accidents. (Examples of facilities or services are recreation areas, POL services, housing, medical clinics/hospitals, weather service, storage areas, maintenance facilities, and property disposal.)
Code: 11

Keyword/explanation: Inadequate/improper equipment design or equipment not provided. Improperly designed equipment and materiel or lack of equipment/materiel become root causes when the design or lack of equipment leads to accident-causing personnel errors or materiel failures/malfunctions.
Code: 12
Keyword/explanation: Insufficient number or type of personnel. Insufficient number or type of personnel becomes a root cause when people make accident-causing mistakes or material fails/malfunctions because the number or type of personnel was insufficient.
Code: 13
Keyword/explanation: Inadequate quality control, manufacture, packaging, or assembly. The inadequate manufacture, assembly, packaging, or quality control of materiel becomes a root cause when it leads to accident causing personnel errors or materiel failures/malfunctions. Note: (Includes original manufacture and rebuild.)
Code: 14
Keyword/explanation: Inadequate maintenance. Inadequate maintenance. Inadequate maintenance (inspection, installation, troubleshooting, recordkeeping) becomes a root cause when it leads to accident-causing personnel errors or material failures/malfunctions.

INDIVIDUAL FAILURE occurs when the individual knows the standard and is trained to standard but elected not to follow the standard.
Code: 15
Keyword/explanation: Fear/Excitement/Anger (inadequate composure). Each person is a part of the system. Therefore, his state of mind is a system element. Inadequate composure is a temporary state of mind that becomes a root cause when a person makes an accident-causing error because of fear, excitement, or some related emotional factor made clear, rational thought impossible.
Code: 16
Keyword/explanation: Overconfidence/complacency in abilities. Overconfidence is a temporary state of mine that becomes a root cause when an accident is caused by a person’s unwarranted reliance on their own ability to perform a task, the ability of someone else to perform a task, the performance capabilities of equipment or other materiel.
Code: 17
Keyword/explanation: Lack of confidence. Lack of confidence is temporary of mind that becomes a root cause when accident is caused by a person’s unwarranted lack of reliance on his own ability to perform the task, the ability of someone else to perform the task, the performance capabilities of equipment or other material.
Code: 18
Keyword/explanation: Haste. A temporary state of mind that becomes a root cause when a person makes a mistake because they are in a hurry and the error contributes to or causes an accident.
Code: 19
Keyword/explanation: Fatigue (self-induced). Fatigue is a temporary physical and/or mental state that becomes a root cause when a person makes an accident-causing error because of reduced physical or metal capabilities resulting from previous activity and/or lack of rest.
Code: 20
Keyword/explanation: Effects of alcohol, drugs, illness. The temporary effects of alcohol, drugs, or illness become a root cause when a person makes an accident-causing error because of reduced physical or mental capabilities resulting from one or more of these effects.
Code: 21

Keyword/explanation: Poor attitude/indiscipline. A temporary state of mind that becomes a root cause when a person's unwarranted or willful disregard for existing standards or know safe conduct results in an error that causes or contributes to an accident.

Code: 22

Keyword/explanation: Environment conditions. Unknown or unavoidable conditions, which result in materiel failure or induce human error.

Code: 97

Keyword/explanation: Insufficient information to determine system inadequacy/cause.

Table B–6
Recommendations/controls/corrective actions/countermeasures

Code: 01

Keyword/explanation: Improve school training. The improvement recommended should be directed toward the content or amount of school training needed to correct the accident-causing error. For example: Provide school training for the person who made the error due to not being school trained. Improve the content of a school training program to better cover the task in which the error was made. Expand the amount of school training given on the task in which the error was made.

Code: 02

Keyword/explanation: Improve unit training. The improvement recommended should be directed toward the content or amount of unit training needed to correct the accident-causing error. For example: Provide unit training for the person who made the error due to not being unit trained. Improve the content of unit training to better cover the task in which the error was made. Expand the amount of unit training given on the task in which the error was made.

Code: 03

Keyword/explanation: Revise procedures for operation under normal or abnormal/emergency conditions. The changes recommended should be directed toward changing existing procedures or including new ones. If the change is to an AR, TM, FM, Soldier's Manual, or other Army publication, tell the date when DA Form 2028 was submitted.

Code: 04

Keyword/explanation: Ensure personnel are ready to perform. The purpose of this recommendation is to encourage supervisors to make sure that their people are capable of performing a job before making an assignment. They should consider training, experience, physical condition, and psycho-physiological state,(for example, fatigue, haste, excessive motivation, overconfidence, effects of alcohol/drugs.)

Code: 05

Keyword/explanation: Inform personnel of problems and remedies. This recommendation should be used when it is necessary to relay accident-related information to people at unit, installation, Army Command (ACOM), or DA levels.

Code: 06

Keyword/explanation: Positive command action. The purpose of this corrective action is to recommend that the supervisor take action to encourage proper performance and discourage improper performance by the personnel.

Code: 07

Keyword/explanation: Provide personnel resources required for the job. This recommendation is intended to prevent an accident caused by not enough qualified people being assigned to perform the job safely.

Code: 08
Keyword/Explanation: Redesign (or provide) equipment or materiel. This recommendation is made when equipment or materiel caused or contributed to an accident because:

a. The required equipment or materiel was not available.
b. The equipment or materiel used was not properly designed.

Code: 09
Keyword/explanation: Improve (or provide) facilities or services. This recommendation is made when facilities or services lead to an accident because—

a. The required facilities or services were not available.
b. The facilities or services used were inadequate.

Code: 10
Keyword/explanation: Improve quality control. This recommendation is directed primarily toward t he improvement of training, manufacturing, and maintenance operations where poor quality products (personnel or materiel) have led to accidents.

Code: 11
Keyword/explanation: Perform studies to get solutions to root cause. This recommendation should be made when corrective actions cannot be determined without special study. Such studies can range from informal efforts at unit level to highly technical research projects performed by DA-level agencies.

Example of completed DA Form 285-AB, Page 1

Abbreviated Ground Accident Report (AGAR)

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*
For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. TIME & DATE OF ACCIDENT	a. Yr 2008	b. Mth 05	c. Day 10	d. Time 0015	2. PERIOD OF DAY ☐ Day ☒ Night ☐ Dusk ☐ Dawn	3. ACDT CLASS B
4. COMBAT STATUS	☐ Combat ☒ Non-Combat					
5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)* WBAWB0	b. Unit Address B Co, A-111 BN, Fort Fun, CA 33356	c. Unit's Branch TC	5d. Army HQ's FORSCOM		
6. LOCATION OF ACCIDENT	a. Exact Location Corner of A and B street, Ft. Fun, CA	b. Type Location B3 (insert code from DA Pam 385-40)	6c. Grid Coordinates/Lat-Long MJ123456			
d. State/Country California/USA	e. ☐ Off Post ☒ On Post Name: Ft. Fun, CA.	7. EXPLOSIVES/AMMO INVOLVED? ☐ Yes ☒ No				
8. MISSION	a. Briefly describe the mission. Off-duty	b. METL Task? ☐ Yes ☒ No				

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#1	POV	Honda/Accord 4dr.	VIN #	SGT Smith (POV)	$0.00	7 & 6

Materiel Failure/Malfunction Information *(Blks 9g-9l)*

g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
					☐ Yes ☐ No

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#2						

Materiel Failure/Malfunction Information *(Blks 9g-9l)*

g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
					☐ Yes ☐ No

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? *(Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*	STDS/PROCEDURES *(Not clear, Not practical)*			SUPPORT *(Short comings in type, capability, amount or condition of equip/supplies/services/facilities)*			
☐	Direct Supervision	☐	AR	☐	SOP	☐	Equip/Materiel Improperly Designed	☐ Inadequate Manufacture
☐	Unit Command Supervision	☐	TM	☐	Other	☐	Equip/Materiel Not Provided	☐ Inadequate Maintenance
☐	Higher Command Supervision	☐	FM	☐	None Exists	☐	Inadequate Facilities/Services	☐ Other

b. Describe how the materiel failed/malfunctioned and explain why *(root cause)*.

11a. NAME *(Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b.)* Smith, Joey K.	12. SSN 111-22-2333	13a. PERSONNEL CLASSIFICATION A	13b. DATE ASSIGNED/HIRED *(YYYYMMDD)* 20061112
11b. HOME ADDRESS 8900 K Street Avonville, CA 31111	13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE *(YYYYMMDD)* 20070922	14. MOS/JOB SERIES 88P20	15a. DUTY STATUS ☐ On-duty ☒ Off-duty
			15b. IF OFF DUTY *(If on leave/pass)* ☐ Leave ☒ Pass; Date from *(YYYYMMDD)* 20080509; Date to *(YYYYMMDD)* 20080512
	16. DOB *(YYYYMMDD)* 19830110	17. GENDER M	18. PAY GRADE E-5
			19. FLIGHT STATUS ☐ Yes ☒ No

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Example of completed DA Form 285-AB, Page 2

20. MOST SEVERE INJURY *(See Instructions)*	a. Degree C	Date of Death *(YYYYMMDD)*	b. Type F	c. Body Part B	d. Cause A

21. LOST TIME

- a. Days Hospitalized: 90
- b. Days lost not Hospitalized: 30
- c. Days Restricted: 180
- d. Treated in ER: [X] Yes [ ] No

22a. OSHA Log 300 Case No.

b. Name of Physician

c. Name and Address of Treatment Facility

ACTIVITY OF INDIVIDUAL *Provide code (from list in instructions) and describe in space below.*

23. ACTIVITY CODE *(If activity is parachuting, complete Blk 38)*

P

24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

Service member was operating his POV at the time of the accident.

25. PERSONAL PROTECTIVE EQUIPMENT

CHECK APPROPRIATE BLOCK(S)	AVAILABLE? Yes	AVAILABLE? No	USED? Yes	USED? No	N/A
[X] a. Seat Belt	[X]	[ ]	[ ]	[X]	[ ]
[ ] b. Goggles/glasses/visor	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] c. Gloves	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] d. Ear Plugs	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] e. IBA	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] f. Other *(Specify)*	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] g. Helmet	[ ]	[ ]	[ ]	[ ]	[ ]

DOT Approved (if Motorcycle) ? Yes [ ] No [ ]

26. ALCOHOL/DRUGS CAUSE/CONT

[X] Yes BAC % 0.09 [ ] No [ ] Unknown

27. EQUIP THIS PERSON WAS ASSOCIATED WITH? *(Enter Item No. from Blk 9)*

#1

28a. LICENSED TO OPERATE EQUIPMENT

[X] Yes [ ] No [ ] N/A

28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING

[X] Yes [ ] No If Yes, Date: 20080122

28c. MSF CERTIFIED

[ ] Yes [ ] No If Yes, Date:

29. DUTY HOURS

a. Time work began (e.g., 0645): 0605

b. Continuous hours: 12

30. HRS SLEEP LAST 24

4

31. TACTICAL TRAINING

[ ] Yes [X] No

32. TYPE TRAINING FACILITY

33. LAST TRAINING

34. FIELD EXERCISE/NAMED OPERATION

[ ] Yes [X] No If Yes, provide name:

35. NIGHT VISION SYSTEM USED

[ ] Yes [X] No If Yes, provide type:

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? *In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.*

a. Mistake: [X] Yes [ ] No

b. Code: 04,05,21,40

c. Tell what the mistake was and how it caused/contributed to the accident or serverity of injury/damage.

Service member (SM) traveled at exessive speed in contravention to the posted speed limit. The SM was traveling approximately 60-70 MPH in a 30 MPH zone. Driver was unable to control vehicle on the curving road. Soldier failed to utilize his seatbelt. Soldiers team chief failed to utilize CRM and brief them prior to departure from job site. (Multiple codes in block 36b require multiple findings, attach continuation sheets and additional AGARs as needed.)

37. WHY WAS THE MISTAKE MADE? *(ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*	TRAINING *(Insufficient in Content/Amount*	STDS/PROCEDURES *(Not clear/Not practical)*	SUPPORT *(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)*	INDIVIDUAL *(Mistake due to own personal factors)*
[X]	Direct Supervision	[ ] School	[ ] AR [ ] SOP	[ ] Equip/Materiel Improperly Designed [ ] Inadequate Manufacture	[ ] Poor/Bad Attitude [X] Fatigue
[ ]	Unit Command Supervision	[ ] Unit	[ ] TM [ ] Other	[ ] Equip/Materiel Not Provided [ ] Inadequate Maintenance	[X] Overconfident [X] Alcohol, Drugs
[ ]	Higher Command Supervision	[ ] Experience, OJT	[ ] FM [ ] None exists	[ ] Inadequate Facilities/Services [ ] Other	[X] In a Hurry [ ] Fear/Excitement

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Example of completed DA Form 285-AB, Page 3

37b. Describe root cause(s) *(reason)* and tell how it/they caused the mistake.

The soldiers decision making process was hindered by fatigue and the consumption of alcohol. The soldier had no known history of speeding or other traffic related offenses, and always demonstrated good driving habits while operating military vehicles. The soldier was not counseled, briefed or integrated back into the unit after return from Iraq.

38. PARACHUTE INFORMATION FOR PERSON LISTED IN Blk 11.

a. Jumper Height	g. Wind Direction/Speed at	m. Type of Last Jump
b. Jumper Weight	Jump Height Drop Zone	n. Number of Previous Jumps
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training *(YYYYMMDD)*
d. Parachute Type/Model	i. Position in Stick	
e. Equipment	j. Door Exited	p. Type Aircraft
	k. Time Pre-jump Conducted	q. Accident Factors (parachute): *(Explain as necessary)*
f. Wt. of Equipment	l. Date of Last Jump	

39. ENVIRONMENTAL CONDITIONS

a. Present:

#1	C	☒ Yes	☐ No	☐ Unk
#2	A	☒ Yes	☐ No	☐ Unk
#3		☐ Yes	☐ No	☐ Unk

b. Caused/Contributed:

#1	C	☐ Yes	☒ No	☐ Unk
#2	A	☐ Yes	☒ No	☐ Unk
#3		☐ Yes	☐ No	☐ Unk

40. PROVIDE BRIEF SYNOPSIS OF ACDT *(Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)*

Upon deployment return from Iraq, SGT Smith and SPC Wrench volunteered to go to the NTC to provide maintenance assistance in support of rail load operations while the rest of the unit returned to home station. The two soldiers were accompanied by their team chief, SFC Darny. After completing the mission at the NTC, the team chief sent the two soldiers back to their home station while he remained to tie up loose ends. The soldiers arrived at 1630hrs and signed out on pass. Once the soldier's arrived at the barracks they changed clothes and began drinking beer. A little before midnight they ran out of beer and drove to a nearby shoppette to purchase more beer. They departed the shoppette back to the barracks with SGT Smith driving. He accelerated to a speed between 60-70 MPH within 1/3 of a mile prior to entering into a series of S-curves in the road. The driver lost control of the vehicle while negotiating the curves and slid off the roadway into a gravel area on the right side until reaching an embankment then barrel rolled down the 15' embankment landing upright. The passenger egressed with minor cuts and bruises, the driver sustained a severe head injury(attach cont. sheet(s) as needed)

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

a. Unit Level: 1) Commander, B Co, A-111 BN; a) Ensure all personnel returning from deployments report to their supervisor for instructions and appropriate briefings prior to releasing them from duty. b) Brief all unit personnel on the facts and circumstances surrounding this accident. 2) Commander, A-111 BN, establish a policy for integrating personnel back into the unit after deployments.

b. Higher Level: None c. Army Level: None (Use continuation sheets as needed)

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#				
b. Quantity				
c. Net Explosive Weight *(NEW)*				
d. DoDIC/DoDAC				

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name *(Last, First, MI)*, Rank Position/Title
Johnson, Mary, A. MAJ, BN Safey Officer

b. Telephone No. DSN: 333-2222
COM: (111) 333-2222

c. Email Address: mary.johnson2@us.army.mil

44. COMMAND REVIEW	a. Name White, Donald E.	b. Signature	c. Rank LTC	d. Date *(YYYYMMDD)* 20080528
45. SAFTETY OFFICE REVIEW	a. Name, Rank & Title Johnny A. Person, GS13, Chief, BDE Ground Safety			b. Phone Number DSN 333-1212
c. Email Address johnny.a.person@us.army.mil	d. Date Reviewed *(YYYYMMDD)* 20080528		e. Local Report No. *(Safety Office use only)* 080510-011	

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Example of completed DA Form 285-AB, Page 1, Civilian Example

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT *(AGAR)*
For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. TIME & DATE OF ACCIDENT	a. Yr 2008	b. Mth 07	c. Day 21	d. Time 1033	2. PERIOD OF DAY ☒ Day ☐ Night ☐ Dusk ☐ Dawn	3. ACDT CLASS C
4. COMBAT STATUS ☐ Combat ☒ Non-Combat						

5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)* WXMSA0	b.Unit Address 44th Engineer BN, Ft. Bragg, NC XXXXX	c. Unit's Branch EN	5d. Army HQ's FORSCOM
6. LOCATION OF ACCIDENT	a. Exact Location EOD Bomb House, Range 99 - R5311		b. Type Location D7	6c. Grid Coordinates/Lat-Long 38S1911321245
d. State/Country	e. ☐ Off Post ☒ On Post Name: Fort Bragg, NC		7. EXPLOSIVES/AMMO INVOLVED? ☒ Yes ☐ No	
8. MISSION	a. Briefly describe the mission. Setting up EOD training house for next day operations			b. METL Task? ☐ Yes ☒ No

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#1	Hand grenade	MK2 FRAG	Unknown	US Army		NA

Materiel Failure/Malfunction Information *(Blks 9g-9l)*

g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
M07	Grenade Hand, Frag MK2	MIL-G-20562	NSN 1330-00-028-5837		☒ Yes ☐ No

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#2	EOD Facility	Locally built		DA	$26,852.00	

Materiel Failure/Malfunction Information *(Blks 9g-9l)*

g. Failure Mode	h. Part Nomenclature	i. Part #	j. Part NSN	k. Part Manufacturer Code	l. EIR/QDR Submitted
M15					☐ Yes ☒ No

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? *(Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*	STDS/PROCEDURES *(Not clear, Not practical)*			SUPPORT *(Short comings in type, capability, amount or condition of equip/supplies/ services/facilities)*		
☐	Direct Supervision	☐	AR	☐ SOP	☐	Equip/Materiel Improperly Designed	☐ Inadequate Manufacture
☐	Unit Command Supervision	☐	TM	☐ Other	☐	Equip/Materiel Not Provided	☒ Inadequate Maintenance
☐	Higher Command Supervision	☐	FM	☐ None Exists	☐	Inadequate Facilities/Services	☒ Other

b. Describe how the materiel failed/malfunctioned and explain why *(root cause)*.

Grenade failed to explode on initial use, and was not recovered. Dud grenade exploded while worker was performing repairs on training facility. Worker was injured and portions of the facility failed to work as designed, and will need repairs before further use is authorized.

11a. NAME *(Last, First, MI) (include Address and UIC if different than Blks 5a and 5b.)* Pacwa, Roger I. Bldg 4905, Smoke Bomb Hill Ft. Bragg, NC WAMSA0	12. SSN 321-45-0987	13a. PERSONNEL CLASSIFICATION B	13b. DATE ASSIGNED/HIRED *(YYYYMMDD)* 20010613
11b. HOME ADDRESS 123 Albacorn Ln. Spring Lake, NC 23344	13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE *(YYYYMMDD)*	14. MOS/JOB SERIES GS-0802	15a. DUTY STATUS ☒ On-duty ☐ Off-duty
			15b. IF OFF DUTY *(if on leave/pass)* ☐ Leave ☐ Pass Date from *(YYYYMMDD)* Date to *(YYYYMMDD)*
	16. DOB *(YYYYMMDD)* 19491212	17. GENDER M	18. PAY GRADE GS-9
			19. FLIGHT STATUS ☐ Yes ☒ No

DA FORM 285-AB, FEB 2009 PREVIOUS EDITION IS OBSOLETE. PAGE 1 of 3
APD PE v1.00

Example of completed DA Form 285-AB, Page 2 Civilian Example

20. MOST SEVERE INJURY *(See Instructions)*	a. Degree D	Date of Death *(YYYYMMDD)*	b. Type K	c. Body Part A	d. Cause B

21. LOST TIME	ACTIVITY OF INDIVIDUAL *Provide code (from list in instructions) and describe in space below.*	
a. Days Hospitalized 12 b. Days lost not Hospitalized 30 c. Days Restricted 90 d. Treated in ER ☒ Yes ☐ No	23. ACTIVITY CODE *(If activity is parachuting, complete Blk 38)* R	24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK Individual was setting up the EOD explosive training facility for next day training operations.
22a. OSHA Log 300 Case No. 24		
b. Name of Physician Dr. Rashish		
c. Name and Address of Treatment Facility Fayetteville Hospital Owen Drive and All American		

25. PERSONAL PROTECTIVE EQUIPMENT	AVAILABLE?		USED?		N/A
CHECK APPROPRIATE BLOCK(S)	Yes	No	Yes	No	
☐ a. Seat Belt	☐	☐	☐	☐	☐
☐ b. Restraint System	☐	☐	☐	☐	☐
☒ c. Goggles/glasses/visor	☒	☐	☒	☐	☐
☒ d. Gloves	☒	☐	☒	☐	☐
☐ e. Ear Plugs	☐	☐	☐	☐	☐
☐ f. IBA	☐	☐	☐	☐	☐
☒ g. Other *(Specify)* Hard Hat	☒	☐	☒	☐	☐
☐ h. Helmet	☐	☐	☐	☐	☐
DOT Approved (if Motorcycle) ? Yes ☐ No ☐					

26. ALCOHOL/DRUGS CAUSE/CONT	27. EQUIP THIS PERSON WAS ASSOCIATED WITH? *(Enter Item No. from Blk 9)*
☐ Yes BAC % ____ ☐ No ☒ Unknown	Training Facility
28a. LICENSED TO OPERATE EQUIPMENT ☐ Yes ☐ No ☒ N/A	28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING ☐ Yes ☐ No If Yes, Date:
28c. MSF CERTIFIED ☐ Yes ☐ No If Yes, Date:	29. DUTY HOURS a. Time work began (e.g., 0645): 0730 b. Continuous hours: 3 hrs

30. HRS SLEEP LAST 24	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING
7	☐ Yes ☒ No	B/G	8 months ago

34. FIELD EXERCISE/NAMED OPERATION	35. NIGHT VISION SYSTEM USED
☐ Yes ☒ No If Yes, provide name:	☐ Yes ☒ No If Yes, provide type:

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? *In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.*

a. Mistake	c. Tell what the mistake was and how it caused/contributed to the accident or serverity of injury/damage.
☒ Yes ☐ No	Individual and supervisor failed to ensure a visual check of the work area was completed prior to conducting site setup at an explosives training facility. Upon moving improperly designed internal structure within room 6a, which was dimly lit, an UXO fell from the top of the structure and exploded. Building and rooms should have been physically and visually inspected prior to work.
b. Code 01, 03, 82	

37. WHY WAS THE MISTAKE MADE? *(ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)*

a.	LEADER *(Not ready, willing, or able to enforce standards)*	TRAINING *(Insufficient in Content/Amount*		STDS/PROCEDURES *(Not clear/Not practical)*				SUPPORT *(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)*				INDIVIDUAL *(Mistake due to own personal factors)*			
☒	Direct Supervision	☐	School	☐	AR	☐	SOP	☒	Equip/Materiel Improperly Designed	☐	Inadequate Manufacture	☐	Poor/Bad Attitude	☐	Fatigue
☐	Unit Command Supervision	☐	Unit	☐	TM	☐	Other	☐	Equip/Materiel Not Provided	☐	Inadequate Maintenance	☒	Overconfident	☐	Alcohol, Drugs
☐	Higher Command Supervision	☐	Experience, OJT	☐	FM	☐	None exists	☐	Inadequate Facilities/Services	☒	Other	☒	In a Hurry	☐	Fear/Excitement

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Example of completed DA Form 285-AB, Page 3 Civilian Example

37b. Describe root cause(s) *(reason)* and tell how it/they caused the mistake.

Supervisor and injured individual failed to visually inspect work area (planning/CRM). Individual was overconfident in his abilities, and in a hurry to get the job done. Improper structure design and placement of training facility equipment.

38. PARACHUTE INFORMATION FOR PERSON LISTED IN Blk 11.

a. Jumper Height	g. Wind Direction/Speed at	m. Type of Last Jump	39. ENVIRONMENTAL CONDITIONS
b. Jumper Weight	Jump Height Drop Zone	n. Number of Previous Jumps	a. Present:
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training *(YYYYMMDD)*	#1 A ☒ Yes ☐ No ☐ Unk
d. Parachute Type/Model	i. Position in Stick		#2 C ☒ Yes ☐ No ☐ Unk
e. Equipment	j. Door Exited	p. Type Aircraft	#3 ☐ Yes ☐ No ☐ Unk
	k. Time Pre-jump Conducted	q. Accident Factors (parachute): *(Explain as necessary)*	b. Caused/Contributed:
f. Wt. of Equipment	l. Date of Last Jump		#1 A ☐ Yes ☒ No ☐ Unk
			#2 C ☐ Yes ☒ No ☐ Unk
			#3 ☐ Yes ☐ No ☐ Unk

40. PROVIDE BRIEF SYNOPSIS OF ACDT *(Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)*

While setting up the EOD explosive training facility for next day operations, and moving equipment in a dark lit room, an unseen dud round exploded. Individual received multiple cuts, and abrasions to his upper body. Fellow workers took immediate action to stop the bleeding while driving him to Fayetteville Hospital in their GSA van. Individual is expected to recover within 45 days.

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

Unit Level- Commander 44th EN BN (1)Brief organization on the facts and circumstances of this accident. (2)Ensure CRM is integrated in all operations.
Higher Level - Commander XVII ABN CORPS (1)Brief organization on the facts and circumstances of this accident (2)Ensure CRM is integrated in all operations. (3)Consider the use of on-site medical personnel when working in and around hazardous materials.(4)Ensure proper material is available and utilized for tng facilities.
DA Level - Commander USACRC, publish the facts and circumstances of this accident as appropriate.

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#	Fragments being analyzed			
b. Quantity	1			
c. Net Explosive Weight *(NEW)*	Unknown			
d. DoDIC/DoDAC	Unknown			

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name *(Last, First, MI)*, Rank Position/Title Snodgrass, Samuel A. GS9/Safety Specialist/Ground Safety 44th Eng BN Ft. Bragg	b. Telephone No. DSN: 239-1234 COM: (910) 123-4567 c. Email Address: Snodgrass.A.Samuel@us.army.mil

44. COMMAND REVIEW	a. Name Krockett, David I.	b. Signature Original Signed	c. Rank Col	d. Date *(YYYYMMDD)* 20080818
45. SAFTETY OFFICE REVIEW	a. Name, Rank & Title Champion, JP, GS13, XVIII ABN CORP Safety Director			b. Phone Number 236-321-4321
c. Email Address JPChampionIII@us.army.mil	d. Date Reviewed *(YYYYMMDD)* 20080818	e. Local Report No. *(Safety Office use only)* 002-080721		

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For questions regarding ground accident reporting contact:
(334) 255-2256 or DSN 558-2256

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HelpDesk@conus.army.mil

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