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-305

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

5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)*	b.Unit Address	c. Unit's Branch	5d. Army HQ's
		5b		

6. LOCATION OF ACCIDENT	a. Exact Location	b. Type Location	6c. Grid Coordinates/Lat-Long
	6a		

d. State/Country	e. ☐ Off Post ☐ On Post Name:	7. EXPLOSIVES/AMMO INVOLVED? ☐ Yes ☐ No

8. MISSION	a. Briefly describe the mission.	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	9					
	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
#2	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
	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)*.

10b

11a. NAME *(Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b.)*	12. SSN	13a. PERSONNEL CLASSIFICATION	13b. DATE ASSIGNED/HIRED *(YYYYMMDD)*
11a		13a	

11b. HOME ADDRESS	13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE *(YYYYMMDD)*	14. MOS/JOB SERIES	15a. DUTY STATUS	15b. IF OFF DUTY *(If on leave/pass)*	
		14	☐ On-duty ☐ Off-duty 15a	☐ Leave ☐ Pass	Date from *(YYYYMMDD)* Date to *(YYYYMMDD)*

16. DOB *(YYYYMMDD)*	17. GENDER	18. PAY GRADE	19. FLIGHT STATUS
	17	18	☐ Yes ☐ No

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

20

21. LOST TIME

ACTIVITY

a. Days Hospitalized

b. Days lost not Hospitalized

c. Days Restricted

d. Treated in ER ☐ Yes

21

22a. OSHA Log 300 Case No.

b. Name of Physician

c. Name and Address of Treatment Facility

23. ACTIVITY CODE *(If activity is parachuting, complete Blk 36)*

24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

24

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

25

26. ALCOHOL/DRUGS CAUSE/CONT

☐ Yes BAC % ☐ No ☐ Unknown

26

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

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):

b. Continuous hours:

30. HRS SLEEP LAST 24

31. TACTICAL TRAINING

☐ Yes ☐ No

32. TYPE TRAINING FACILITY

33. LAST TRAINING

34. FIELD EXERCISE/NAMED OPERATION

☐ Yes ☐ No If Yes, provide name:

35. NIGHT VISION SYSTEM USED

☐ 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 ☐ Yes ☐ No

b. Code

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

36c

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

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

37b

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: #1 ☐ Yes ☐ No ☐ Unk
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training *(YYYYMMDD)*	#2 ☐ Yes ☐ No ☐ Unk
d. Parachute Type/Model	i. Position in Stick		#3 ☐ Yes ☐ No ☐ Unk
e. Equipment	j. Door Exited	p. Type Aircraft	b. Caused/Contributed: #1 ☐ Yes ☐ No ☐ Unk
	k. Time Pre-jump Conducted	q. Accident Factors (parachute): *(Explain as necessary)*	#2 ☐ Yes ☐ No ☐ Unk
f. Wt. of Equipment	l. Date of Last Jump		#3 ☐ Yes ☐ No ☐ Unk

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

40

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

41

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

43

b. Telephone No. DSN:

COM:

c. Email Address:

44. COMMAND REVIEW a. Name 44 b. Signature c. Rank d. Date *(YYYYMMDD)*

45. SAFTETY OFFICE REVIEW a. Name, Rank & Title b. Phone Number

c. Email Address d. Date Reviewed *(YYYYMMDD)* e. Local Report No. *(Safety Office use only)*