

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	b. Mth	c. Day	d. Time	2. PERIOD OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn		3. ACDDT CLASS	4. COMBAT STATUS <input type="checkbox"/> Combat <input type="checkbox"/> Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Unit Address			c. Unit's Branch			
6. LOCATION OF ACCIDENT		a. Exact Location			b. Type Location			5d. Army HQ's			
7. EXPLOSIVES/AMMO INVOLVED?		e. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post Name:			7. EXPLOSIVES/AMMO INVOLVED?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. MISSION		a. Briefly describe the mission.			b. METL Task?			<input type="checkbox"/> Yes <input type="checkbox"/> 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		g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN			
k. Part Manufacturer Code		l. EIR/QDR Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		m. Make/Model #		n. Serial #		o. Ownership			
p. Type of item (Nomenclature)		q. Make/Model #		r. Serial #		s. Ownership		t. Estimated Cost of Damage			
u. Vehicle Collision		v. Failure Mode		w. Part Nomenclature		x. Part #		y. Part NSN			
z. Part Manufacturer Code		aa. EIR/QDR Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		ab. Material Failure/Malfunction Information (Blks 9g-9j)		ac. Part Manufacturer Code		ad. EIR/QDR Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Blk 10a. In Blk 10b, explain how the root cause(s) led to the materiel failure/malfunction.)											
a. LEADER (Not ready, willing, or able to enforce standards)				b. STDS/PROCEDURES (Not clear, Not practical)				c. SUPPORT (Short comings in type, capability, amount or condition of equip/supplies/ services/facilities)			
<input type="checkbox"/> Direct Supervision		<input type="checkbox"/> AR		<input type="checkbox"/> SOP		<input type="checkbox"/> Equip/Materiel Improperly Designed		<input type="checkbox"/> Inadequate Manufacture			
<input type="checkbox"/> Unit Command Supervision		<input type="checkbox"/> TM		<input type="checkbox"/> Other		<input type="checkbox"/> Equip/Materiel Not Provided		<input type="checkbox"/> Inadequate Maintenance			
<input type="checkbox"/> Higher Command Supervision		<input type="checkbox"/> FM		<input type="checkbox"/> None Exists		<input type="checkbox"/> Inadequate Facilities/Services		<input type="checkbox"/> Other			
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)			
11b. HOME ADDRESS				13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD)		14. MOS/JOB SERIES		15a. DUTY STATUS <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty			
16. DOB (YYYYMMDD)				17. GENDER		18. PAY GRADE		19. FLIGHT STATUS <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

21. LOST TIME a. Days Hospitalized _____ b. Days lost not Hospitalized _____ c. Days Restricted _____ d. Treated in ER Yes No

23. ACTIVITY CODE (If activity is parachuting, complete Blk 38) 24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

22a. OSHA Log 300 Case No. _____ b. Name of Physician _____ c. Name and Address of Treatment Facility _____

25. PERSONAL PROTECTIVE EQUIPMENT CHECK APPROPRIATE BLOCK(S) AVAILABLE? USED? N/A

<input type="checkbox"/> a. Seat Belt	Yes	No	Yes	No	N/A
<input type="checkbox"/> b. Restraint System	<input type="checkbox"/>				
<input type="checkbox"/> c. Goggles/glasses/visor	<input type="checkbox"/>				
<input type="checkbox"/> d. Gloves	<input type="checkbox"/>				
<input type="checkbox"/> e. Ear Plugs	<input type="checkbox"/>				
<input type="checkbox"/> f. IBA	<input type="checkbox"/>				
<input type="checkbox"/> g. Other (Specify)	<input type="checkbox"/>				
<input type="checkbox"/> h. Helmet	<input type="checkbox"/>				
<input type="checkbox"/> DOT Approved (if Motorcycle)?	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. ALCOHOL/DRUGS CAUSE/CONT Yes BAC % _____ No Unknown

28a. LICENSED TO OPERATE EQUIPMENT Yes No N/A

28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING Yes No If Yes, Date: _____

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

29. DUTY HOURS a. Time work began (e.g., 0645): _____ b. Continuous hours: _____

30. HRS SLEEP LAST 24 Yes No

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

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.)

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)
<input type="checkbox"/> Direct Supervision	<input type="checkbox"/> School	<input type="checkbox"/> AR <input type="checkbox"/> SOP	<input type="checkbox"/> Equip/Material Improperly Designed <input type="checkbox"/> Equip/Material Not Provided	<input type="checkbox"/> Poor/Bad Attitude <input type="checkbox"/> Fatigue
<input type="checkbox"/> Unit Command Supervision	<input type="checkbox"/> Unit	<input type="checkbox"/> TM <input type="checkbox"/> Other	<input type="checkbox"/> Equip/Material Not Provided	<input type="checkbox"/> Overconfident <input type="checkbox"/> Alcohol, Drugs
<input type="checkbox"/> Higher Command Supervision	<input type="checkbox"/> Experience, OJT	<input type="checkbox"/> FM <input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities/Services	<input type="checkbox"/> In a Hurry <input type="checkbox"/> Fear/Excitement

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

38. PARACHUTE INFORMATION FOR PERSON LISTED IN BIK 11.

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

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

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

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

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI), Rank Position/Title

b. Telephone No. DSN: _____
COM: _____

c. Email Address: _____

44. COMMAND REVIEW

a. Name	b. Signature	c. Rank	d. Date (YYYYMMDD)
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45. SAFETY OFFICE REVIEW

a. Name, Rank & Title	d. Date Reviewed (YYYYMMDD)	e. Local Report No. (Safety Office use only)
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