

WORKSHEET FOR TELEPHONIC NOTIFICATION OF GROUND ACCIDENT

For use of this form, see AR 385-10; the proponent agency is OCSA

Immediately notify USASC telephonically of all Class A and B accidents IAW AR 385-10, chapter 3. Phone numbers are:
Commercial (334) 255-2660/2539/3410 or DSN 558-2660/2539/3410.

SHADED BLOCKS ARE FOR USASC USE ONLY	A. ASMS CASE NUMBER	B. TIME & DATE REPORT RECEIVED REPORT			
1. POINT OF CONTACT FOR ACCIDENT INFORMATION	a. Name				
b. Duty	<input type="checkbox"/> Commander <input type="checkbox"/> Safety Officer <input type="checkbox"/> Other (Specify)		c. Phone Number	DSN:	Commercial:
2. ACCIDENT CLASSIFICATION	3. TIME & DATE OF ACCIDENT			4. PERIOD OF DAY	5. ON/OFF DUTY
<input type="checkbox"/> A <input type="checkbox"/> B	a. Year	b. Month	c. Day	d. Time (local)	<input type="checkbox"/> Day <input type="checkbox"/> Night
6. TYPE OF EQUIPMENT /MATERIEL INVOLVED			9. NIGHT VISION DEVISE IN USE		
7. UNIT			8. MACOM		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. EXACT ACCIDENT LOCATION					
11. ON-POST/OFF-POST?	12. MILITARY INSTALLATION NEAREST ACCIDENT SITE				
<input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post					
<i>CHECK "YES" or "NO" FOR QUESTIONS 13 THROUGH 17</i>				Yes	No
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?	<input type="checkbox"/>	<input type="checkbox"/>	19. PERSONNEL INVOLVED		
14. IF YES TO #13, ARE THEY SECURE?	<input type="checkbox"/>	<input type="checkbox"/>	a. No. of Personnel by Rank/Category		
15. ACCIDENT SITE SECURED IAW AR 385-10?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Officer _____ WO _____ Enlisted _____ Army Civilian _____ Non-Army Civilian		
16. HAS ACCIDENT SCENE BEEN DISTURBED?	<input type="checkbox"/>	<input type="checkbox"/>	b. Total No. of Personnel		
17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?	<input type="checkbox"/>	<input type="checkbox"/>	c. Highest Rank		
18. WEATHER CONDITIONS			20. INJURIES (Enter # of each)		As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.
		_____ Fatalities _____ Non-Fatal Injuries			
21. ACCIDENT SYNOPSIS (What happened)					
22. NEWS MEDIA AWARE OF ACCIDENT	23. NEAREST AIRFIELD	a. Nearest that can handle C-12 (4,000 ft. min.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Nearest commercial airfield				
24. WHO WILL INVESTIGATE?	a. Installation Level Accident Investigaion (IAI) Board Appointed		<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		