

**TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT
PART IX - PERSONAL DATA**

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. ROLE OF THIS INDIVIDUAL

a. Errors That Caused/Contributed to Accident <input type="checkbox"/> Definitely <input type="checkbox"/> Suspected <input type="checkbox"/> None <input type="checkbox"/> Undetermined	b. On Controls When Accident Occurred <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
---	---

2. BACKGROUND DATA

a. Age	g. Hours Worked Last 24 Hours
b. Hours Awake Prior to Accident	h. Hours Worked Last 48 Hours
c. Hours Duration Last Sleep Period	i. Hours Worked Last 72 Hours
d. Hours Slept Last 24 Hours	j. Hours Flown Last 24 Hours
e. Hours Slept Last 48 Hours	k. Hours Flown Last 48 Hours
f. Hours Slept Last 72 Hours	l. Hours Flown Last 72 Hours

3. CREW MEMBER DATA

a. Primary Acft MTDS	j. NVG Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Alternate Acft MTDS	k. Date Qualified In Acft MTDS (YYYYMMDD)
c. Additional Acft MTDS	l. ATM Task Number Associated With Initial Indication of Emergency Last Performed (YYYYMMDD)
d. FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
e. RL In Accident Acft MTDS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA	m. ATM Task Number Involved In Response To Emergency Last Performed (YYYYMMDD)
f. APART Completed (YYYYMMDD)	
g. Physical Exam Completed (YYYYMMDD)	n. Medical Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No
h. Most Recent Evaluation Flight In Accident MTDS Acft (YYYYMMDD)	o. Post-Accident Flight Eval (YYYYMMDD) Result
i. MTDS Acft Flown In Last 60 Days (1) (2) (3)	p. Post-Accident Medical Exam/Autopsy (YYYYMMDD)
	q. Required Lab Tests Accomplished <input type="checkbox"/> Yes <input type="checkbox"/> No
	r. Last redeployment from a combat theater (YYYYMMDD)

4. FLIGHT AND CREW DUTY EXPERIENCE (Round off to the nearest hour)

a. Type Experience And Time	Rotary Wing	Fixed Wing	Total	Imminent Danger	Combat	Acft Aircraft Hrs Design Series					
(1) Military											
(2) Civilian											
(3) Total Hours											
b. Duty Experience											
Duty	CP	PI	PC	UT	IP	IE	SP	MP	ME	XP	
Total Hours											
c. Flight Condition Experience											
Condition	D	N	H	W	NG	DG	NS	DS	TR	AA	
Total Hours											
d. Monthly Flight Hours Past 3 Months In Accident Acft MTDS					e. Other Crew Duty Experience						
Date	Prev 90	Prev 60	Prev 30	This Mo.	Duty	CE	OR	AO	MO	FI	SI
Hours					Total Hours						

5. MAINTENANCE AND SUPPORT PERSONNEL DATA

a. PMOS	Title	e. Civilian Job Series or Title
b. SMOS	Title	f. Performance Standards Met For This Task <input type="checkbox"/> Yes <input type="checkbox"/> No
c. DMOS	Title	
d. Deficient Task No.		

6. CASE	a. Date (YYYYMMDD)	b. Time	c. Acft Serial No.	7. OTHER ACFT SERIAL NO.
----------------	--------------------	---------	--------------------	---------------------------------

8. LABORATORY TESTS										
Type Test	Specimen Tested			Results		Name of Drug		USACRC Code Block		
a. Carbon Monoxide										
b. Alcohol/Volatiles										
c. Drug Screen										
d. Other										
9. HISTORY OF DISEASES/DEFECTS										
Diagnosis	Method of Discovery				Waivers		USACRC Code Block			
	Anl Phy	Sick Call	Autopsy	Other	Auth.	Date (YYYYMMDD)				
10. REMARKS										
11. NAME (Last, First, MI)				12. SSN		13. GRADE	14. GENDER	15. DUTY	16. SVC	17. UIC