

WORKSHEET FOR TELEPHONIC NOTIFICATION OF GROUND ACCIDENT

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

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

SHADED BLOCKS ARE FOR USASC USE ONLY		A. ASMIS CASE NUMBER		B. TIME & DATE OPS RECEIVED REPORT								
				a. Year	b. Month	c. Day	d. Time (local)					
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		6. TYPE OF EQUIPMENT /MATERIEL INVOLVED		
<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		<input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty				
7. UNIT						8. MACOM			9. NIGHT VISION DEVISE IN USE			
									<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	19. PERSONNEL INVOLVED		a. No. of Personnel by Rank/Category		
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?						<input type="checkbox"/>	<input type="checkbox"/>	b. Total No. of Personnel		_____ Officer _____ WO _____ Enlisted _____ Army Civilian _____ Non-Army Civilian		
14. IF YES TO #13, ARE THEY SECURE?						<input type="checkbox"/>	<input type="checkbox"/>			c. Highest Rank		
15. ACCIDENT SITE SECURED IAW AR 385-10?						<input type="checkbox"/>	<input type="checkbox"/>					
16. HAS ACCIDENT SCENE BEEN DISTURBED?						<input type="checkbox"/>	<input type="checkbox"/>					
17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?						<input type="checkbox"/>	<input type="checkbox"/>	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.		
18. WEATHER CONDITIONS								_____ 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.)							
					b. Nearest commercial airfield							
<input type="checkbox"/> Yes <input type="checkbox"/> No												
24. WHO WILL INVESTIGATE?			a. Installation Level Accident Investigation (IAI) Board Appointed				<input type="checkbox"/> Yes <input type="checkbox"/> No	b. CAI Team Dispatched		<input type="checkbox"/> Yes <input type="checkbox"/> No	Team: _____	