

WORKSHEET FOR TELEPHONIC NOTIFICATION OF AVIATION ACCIDENT/INCIDENT

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

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)	
NOTE: ITEMS 24 AND 25 ARE NOT REQUIRED FOR CLASS C ACCIDENT								
1. POINT OF CONTACT FOR ACCIDENT INFORMATION		a. Name						
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. AIRCRAFT SERIAL NUMBER		5. TYPE OF AIRCRAFT	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		a. Year	b. Month	c. Day	d. Time (local)			
6. PERIOD OF DAY		7. MISSION BEING PERFORMED				8. NOE		
<input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input type="checkbox"/> Night		a. Type (Training, Svc, etc.)		b. Operation		<input type="checkbox"/> Single-Ship <input type="checkbox"/> Multi-Ship		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. NIGHT VISION DEVICE			10. UNIT OWING AIRCRAFT			11. MACOM		
a. In Use		b. If Yes						
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> ANVIS <input type="checkbox"/> FLIR <input type="checkbox"/> AN/PVS-5 <input type="checkbox"/> LLTV						
12. MILITARY INSTALLATION NEAREST ACCIDENT SITE				13. EXACT ACCIDENT LOCATION				
<i>CHECK "YES" or "NO" FOR QUESTIONS 14 THROUGH 19</i>				Yes	No	21. PERSONNEL INVOLVED		
14. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?				<input type="checkbox"/>	<input type="checkbox"/>	a. No. of Personnel by Rank/Category		
15. IF YES TO #14, ARE THEY SECURE?				<input type="checkbox"/>	<input type="checkbox"/>	Officer _____ WO _____ Enlisted _____ Army Civilian _____ Non-Army Civilian _____		
16. ACCIDENT SITE SECURED IAW AR 385-10?				<input type="checkbox"/>	<input type="checkbox"/>	c. Highest Rank		
17. HAS ACCIDENT SCENE BEEN DISTURBED?				<input type="checkbox"/>	<input type="checkbox"/>			
18. IF YES TO #17, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?				<input type="checkbox"/>	<input type="checkbox"/>	22. INJURIES (Enter # of each)		
19. FLIGHT DATA RECORDER INSTALLED?				<input type="checkbox"/>	<input type="checkbox"/>	_____ Fatalities _____ Non-Fatal Injuries		
20. CLEARANCE WAS: <input type="checkbox"/> VFR <input type="checkbox"/> IFR						As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.		
23. ACCIDENT SYNOPSIS (What Happened)								
24. NEWS MEDIA AWARE OF ACCIDENT		25. 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						
26. 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:		