

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	
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?				<input type="checkbox"/>	<input type="checkbox"/>	a. No. of Personnel by Rank/Category	
14. IF YES TO #13, ARE THEY SECURE?				<input type="checkbox"/>	<input type="checkbox"/>	_____ Officer _____ WO _____ Enlisted _____ Army Civilian _____ Non-Army Civilian	
15. ACCIDENT SITE SECURED IAW AR 385-10?				<input type="checkbox"/>	<input type="checkbox"/>	b. Total No. of Personnel	
16. HAS ACCIDENT SCENE BEEN DISTURBED?				<input type="checkbox"/>	<input type="checkbox"/>	c. Highest Rank	
17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?				<input type="checkbox"/>	<input type="checkbox"/>	20. INJURIES (Enter # of each)	
18. WEATHER CONDITIONS						_____ Fatalities _____ Non-Fatal Injuries	
						<i>As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.</i>	
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 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: _____	