TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT

PART X - INJURY/OCCUPATIONAL ILLNESS DATA

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

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. DEGREE OF INJURY *(Check only the most severe injury)*

a. ☐ Fatal
b. ☐ Permanent Total Disability
c. ☐ Permanent Partial Disability
d. ☐ Lost Workday *(Days away from work)*
e. ☐ Workday of Restricted Activity
f. ☐ No Lost Workday or Restricted Activity
g. ☐ First Aid Only
h. ☐ Missing and Presumed Dead

2. NUMBER OF LOST WORKDAYS	a. Days Away From Work	b. Days Hospitalized	c. Days of Restricted Activity

3. UNCONSCIOUS	Hrs	Min	☐ None	4. AMNESIA	Hrs	Min	☐ None

5. INJURIES	Injuries					Mechanism		Cause Factors		
Seq No. a.	Body Region b.	Primary Aspect c.	Secondary Aspect d.	Inj Type/Result e.	Abbreviated Injury Scale f.	Action g.	Qualifier h.	Subject i.	Action j.	Qualifier k.

6. REMARKS *(Use additional sheet if required)*

7. AUTOPSY PERFORMED	a. ☐ Yes b. ☐ No	8. CAUSE OF DEATH	9. DUTY STATUS	a. ☐ On Duty b. ☐ Off Duty

10. NAME *(Last, First, MI)*	11. SSN	12. GRADE	13.SEX	14. DUTY	15. SVC	16. UIC

17. CASE NO.	a. Date *(YYMMDD)*	b. Time	c. Acft Serial No.	18. OTHER ACFT SERIAL NO.	19. INJURY COST