

# WORKSHEET FOR TELEPHONIC NOTIFICATION OF AVIATION ACCIDENT/INCIDENT

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

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	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		a. Year	b. Month	c. Day	d. Time (local)	5. TYPE OF AIRCRAFT	
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"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Single-Ship <input type="checkbox"/> Multi-Ship		
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			
CHECK "YES" or "NO" FOR QUESTIONS 14 THROUGH 19				Yes	No	21. PERSONNEL INVOLVED	
14. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?						a. No. of Personnel by Rank/Category	
15. IF YES TO #14, ARE THEY SECURE?						_____ Officer    _____ WO _____ Enlisted    _____ Army Civilian	
16. ACCIDENT SITE SECURED IAW DA PAM 385-40?						c. Highest Rank	
17. HAS ACCIDENT SCENE BEEN DISTURBED?							
18. IF YES TO #17, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?						22. INJURIES (Enter # of each)	
19. FLIGHT DATA RECORDER INSTALLED?						_____ 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: _____	