



**DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
USAG-Humphreys  
UNIT #15228  
APO AP 96271-5228**

## 7-W Initial Accident Report

**Type of Accident / Injury / Illness / Property Damage:**

<b>WHO - Person / Patient Name</b>	
RANK/GRAD: GS, NAF, KGS, KWB, CTR, etc...	
<b>WHAT - Happened</b>	
<b>WHEN - Date &amp; Time</b>	
<b>WHERE - Location of Incident</b>	
<b>WHY - Did it happen</b>	
<b>What Time Notification Made:</b>	
<b>What - help is needed</b>	
<b>Person Making Notification</b>	
<b>POC / Phone #. Filing Report</b>	
<b>OTHER DETAILS:</b> <ul style="list-style-type: none"><li>✓ Medical care required</li><li>✓ Hospital taken to</li><li>✓ Doctors disposition</li><li>✓ Hospitalization</li><li>✓ Return to duty</li><li>✓ Restricted duty</li><li>✓ Medical Leave</li></ul>	

### Reporting Procedures as Follows:

1. Notify 911 if Applicable
2. Notify your immediate Supervisor of the incident
3. Notify the Safety Office ASAP – 755-2664 / 2663 / 2660

After Normal Duty Hours:

- a. Mr. Turnage – 010-8465-3590
- b. Mr. Brown – 010-4473-4280
- c. Mr. Kang – 010-5449-1224

4. Commander / Deputy Notification – By Directorate Y / N
5. Complete the above information and send to the USAG Safety Office
6. Safety Office Date Received Report: \_\_\_\_\_