



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

7-W Initial Mishap Report

Type of Accident: Injury Illness Property Damage

WHO - Name & Organization	
RANK/GRADE: GS, NAF, KGS, KWB, CTR, etc.	
WHAT - Happened	
WHEN - Date & Time (HH:MM)	
WHERE - Location of Incident	
WHY - Did it happen (brief synopsis)	
WHEN & WHAT Time Notification Made:	
WHAT - help is needed	
Person Making Notification	
POC / Phone #. Filing Report	
Taken to Emergency Room	
Taken to Hospital (BDAACH/Off-Post)	
OTHER DETAILS:	

Reporting Procedures as Follows:

1. Notify 911 if Applicable (Cell: 0503-355-7911)
2. Notify your immediate Supervisor of the incident
3. Notify the Safety Office – 755-2664 / 2663 / 2660

After Normal Duty Hours:

- a. Mr. Turnage – 010-8465-3590
- b. Mr. Harman – 010-9828-5109
- c. Mr. Kang – 010-5449-1224

4. Complete the above information and send to the USAG-H Safety Office
5. Safety Office Date Received Report: _____

**SUBMITS TO
SAFETY & DPTMS**