WORKSHEET FOR
TELEPHONIC NOTIFICATION OF GROUND ACCIDENT

For use of this form, see AR 385-10; the proponent agency is DAS.

Immediately notify Installation Safety of all accidents or incidents by telephone.
Phone numbers: (912) 767-8132 / 7878 / 4858 / 6541 / 8442 / (912) 432-3177

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 ☐ Commander ☐ Safety Officer ☐ 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
☐ A ☐ B	a. Year	b. Month	c. Day	d. Time *(local)*	☐ Day ☐ Night	☐ On-Duty ☐ Off-Duty	

7. UNIT	8. MACOM	9. NIGHT VISION DEVISE IN USE
		☐ Yes ☐ No

10. EXACT ACCIDENT LOCATION

11. ON-POST/OFF-POST?
☐ On-Post
☐ Off-Post

12. MILITARY INSTALLATION NEAREST ACCIDENT SITE

CHECK "YES" or "NO" FOR QUESTIONS 13 THROUGH 17	Yes	No
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?	☐	☐
14. IF YES TO #13, ARE THEY SECURE?	☐	☐
15. ACCIDENT SITE SECURED IAW AR 385-10?	☐	☐
16. HAS ACCIDENT SCENE BEEN DISTURBED?	☐	☐
17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?	☐	☐

19. PERSONNEL INVOLVED

a. No. of Personnel by Rank/Category
_____ Officer _____ WO
_____ Enlisted _____ Army Civilian
_____ Non-Army Civilian

b. Total No. of Personnel

c. Highest Rank

18. WEATHER CONDITIONS

20. INJURIES *(Enter # of each)*
_____ Fatalities
_____ Non-Fatal Injuries

As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.

21. ACCIDENT SYNPOSIS *(What happened)*

22. NEWS MEDIA AWARE OF ACCIDENT
☐ Yes ☐ No

23. NEAREST AIRFIELD
a. Nearest that can handle C-12 *(4,000 ft. min.)*
b. Nearest commercial airfield

24. WHO WILL INVESTIGATE?
a. Installation Level Accident Investigation *(IAI)* Board Appointed ☐ Yes ☐ No
b. CAI Team Dispatched ☐ Yes ☐ No Team:

FS/HAAF FORM 7306