

Preliminary Incident Notification Checklist

Will be sent to Safety Officer for Incident Classification

Investigation and accident reporting will be performed in accordance with AR 385-10 & DA Pam 385-40. Complete all areas that apply

Accident Type: Injury _____ Property Damage _____		Soldier Involved	
Time: _____ Date: _____		Name: _____	
Unit: _____ UIC: _____		Rank: _____ AGE: _____	
Location Of Accident: _____		Status: <input type="checkbox"/> AGR <input type="checkbox"/> ADOS <input type="checkbox"/> Tech <input type="checkbox"/> M-day	
Number of Persons Involved: MIL _____ CIV _____		Other: _____	
<p>Summary of Accident: An accident is an unplanned event or series of events that (1) results in death, injury, or illness that result in restricted duties or quarters, medical treatment greater than first aid, needle stick injuries, and cuts from sharps that are contaminated from another person's blood or other potentially infectious material, and/or (2) damage to or loss of equipment or property.</p> <p style="text-align: right;">*(continue in the remarks area if necessary)</p>			
Weather Conditions: Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Windy <input type="checkbox"/> Icy <input type="checkbox"/> Snow <input type="checkbox"/> Weather a factor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name/ Address/ Phone of all involved persons (MIL& CIV) *(continue in the remarks area if necessary)			
1. _____			
2. _____			
3. _____			
Personnel Injury: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes complete below)		Estimated Damages (\$)	
Injury Description: _____		Vehicle	\$ _____
Medical Care: None <input type="checkbox"/> Local <input type="checkbox"/> Hospital <input type="checkbox"/>		Equipment	\$ _____
# Work Days		Property	\$ _____
		PPE	\$ _____
Lost: _____		Other	\$ _____
Loss of civilian wages		Total Damages: \$ _____	
due to injury Yes No		Explosives Involved: Yes No	
Goggles: Available Used			
Gloves: Available Used			
Vehicle or Equipment Involved: _____		Police Involvement: _____	
Make/Model: _____ Available Used		Report taken: Yes No	
NSN/SN: _____		Report Number: _____	
Damage amount/location: _____		Citation Issued: Yes No	
Equipment Totaled: Yes No		(If yes) *who was cited: _____	
Owner of Equipment: Military GSA Civilian		*what were they cited: _____	
Contact Info:		Fill in all Blanks: *(Unit POC must be Full time Military Personnel)	
Unit POC:	Name: _____	Contact #:	_____
Safety POC:	Name: _____	Contact #:	_____
Unit Commander:	Name: _____	Contact #:	_____
Other Information/Remarks: (list additional accident information, i.e. PPE, use back of page as necessary)			

UIC: _____ **DATE:** _____ **TIME:** _____

CONTINUATION