

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT
PART IX - PERSONAL DATA

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

REQUIREMENTS CONTROL SYMBOL
 CSOCS-309

1. ROLE OF THIS INDIVIDUAL													
a. Errors That Caused/Contributed to Accident <input type="checkbox"/> Definitely <input type="checkbox"/> Suspected <input type="checkbox"/> None <input type="checkbox"/> Undetermined					b. On Controls When Accident Occurred <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined								
2. BACKGROUND DATA													
a. Age			g. Hours Worked Last 24 Hours			h. Hours Worked Last 48 Hours			i. Hours Worked Last 72 Hours				
b. Hours Awake Prior to Accident			j. Hours Flown Last 24 Hours			k. Hours Flown Last 48 Hours			l. Hours Flown Last 72 Hours				
c. Hours Duration Last Sleep Period			f. Hours Slept Last 24 Hours			g. Hours Slept Last 48 Hours			h. Hours Slept Last 72 Hours				
3. CREW MEMBER DATA													
a. Primary Acft MTDS			j. NVG Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No			k. Date Qualified In Acft MTDS (YYYYMMDD)							
b. Alternate Acft MTDS			l. ATM Task Number Associated With Initial Indication of Emergency Last Performed (YYYYMMDD)			m. ATM Task Number Involved In Response To Emergency Last Performed (YYYYMMDD)							
c. Additional Acft MTDS			n. Medical Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No			o. Post-Accident Flight Eval (YYYYMMDD) Result							
d. FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			p. Post-Accident Medical Exam/Autopsy (YYYYMMDD)			q. Required Lab Tests Accomplished <input type="checkbox"/> Yes <input type="checkbox"/> No							
e. RL In Accident Acft MTDS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA			r. Last redeployment from a combat theater (YYYYMMDD)										
f. APART Completed (YYYYMMDD)													
g. Physical Exam Completed (YYYYMMDD)													
h. Most Recent Evaluation Flight In Accident MTDS Acft (YYYYMMDD)													
i. MTDS Acft Flown In Last 60 Days			(1)										
			(2)										
			(3)										
4. FLIGHT AND CREW DUTY EXPERIENCE (Round off to the nearest hour)													
a. Type Experience And Time		Rotary Wing		Fixed Wing		Total		Imminent Danger		Combat		Acft Aircraft Hrs Design Series	
(1) Military													
(2) Civilian													
(3) Total Hours													
b. Duty Experience													
Duty		CP	PI	PC	UT	IP	IE	SP	MP	ME	XP		
Total Hours													
c. Flight Condition Experience													
Condition		D	N	H	W	NG	DG	NS	DS	TR	AA		
Total Hours													
d. Monthly Flight Hours Past 3 Months In Accident Acft MTDS						e. Other Crew Duty Experience							
Date		Prev 90	Prev 60	Prev 30	This Mo.	Duty	CE	OR	AO	MO	FI	SI	
Hours						Total Hours							
5. MAINTENANCE AND SUPPORT PERSONNEL DATA													
a. PMOS		Title		e. Civilian Job Series or Title									
b. SMOS		Title		f. Performance Standards Met For This Task									
c. DMOS		Title		<input type="checkbox"/> Yes <input type="checkbox"/> No									
d. Deficient Task No.													
6. CASE	a. Date (YYYYMMDD)		b. Time		c. Acft Serial No.				7. OTHER ACFT SERIAL NO.				

8. LABORATORY TESTS									
Type Test	Specimen Tested	Results	Name of Drug			USACRC Code Block			
a. Carbon Monoxide									
b. Alcohol/Volatiles									
c. Drug Screen									
d. Other									
9. HISTORY OF DISEASES/DEFECTS									
Diagnosis	Method of Discovery				Waivers		USACRC Code Block		
	Anl Phy	Sick Call	Autopsy	Other	Auth.	Date (YYYYMMDD)			
10. REMARKS									
11. NAME (Last, First, MI)				12. SSN	13. GRADE	14. GENDER	15. DUTY	16. SVC	17. UIC