

ABBREVIATED AVIATION ACCIDENT REPORT (AAAR)
FOR ALL CLASS C, D, E, F, COMBAT A AND B, AND ALL AIRCRAFT GROUND
 For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
 CSOCS-309

COMPLETE BLKS 1-18 FOR ALL ACDTs. NO FURTHER ENTRY IS REQUIRED FOR CLASS D, E, AND F ACDTs NOT INVOLVING HUMAN ERROR/INJURY.

1. DATE/CASE NO. OF ACCIDENT				a. (YYYYMMDD)		b. Time (Lcl)		c. Acft Ser No.		2. a. Classification <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F			
								b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related <input type="checkbox"/> Acft Ground <input type="checkbox"/> UAS					
3. TYPE OF ACFT (MTDS)			4. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night			5. NO. ACFT INVOLVED			6. NEAREST MIL INSTALLATION				
7. ACCIDENT LOCATION		a. <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post		b. <input type="checkbox"/> On Airfield <input type="checkbox"/> Not on Airfield		c. City (Nearest to acdt site)			d. State		e. Country (If not USA)		f. Grid or Lat./Long.
8. ORGANIZATION INVOLVED													
a. Name of Unit				b. UIC (6 Digit Unit Id Code)				c. Home Station				d. Army HQ	
9. ORGANIZATION DEEMED ACCOUNTABLE (If same as block 8 leave blank)													
a. Name of Unit				b. UIC (6 Digit Unit Id Code)				c. Home Station				d. Army HQ	
10. ESTIMATED ACCIDENT COST		a. Acft Total Loss		<input type="checkbox"/> Yes <input type="checkbox"/> No									
b. Acft Damage (Excl man hr)		c. No. Man Hrs		d. Man Hrs		e. Other Damage Mil		f. Civilian Damage		g. Injury Cost		h. Total (This acft)	i. Total (All acft)
\$		\$		\$		\$		\$		\$		\$	\$
11. GEN. DATA	a. Msn	(1) Type (Tng, Svc, etc.)		(2) <input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship		b. Flight Plan <input type="checkbox"/> NA <input type="checkbox"/> VFR <input type="checkbox"/> IFR		c. Digital Source Collector Installed <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Specify type			d. Night Vision Device/System In use <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Specify type		
e. Fire <input type="checkbox"/> None <input type="checkbox"/> Inflight <input type="checkbox"/> Postcrash <input type="checkbox"/> Other			f. Flammable Fluid Spillage (If "Yes" for Class A, B, and C acdts, attach DA Form 2397-6) <input type="checkbox"/> Yes <input type="checkbox"/> No					g. Field Training Exercise (FTX) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name of FTX _____					
12. FLIGHT DATA	Flight Duration	Phase of Operation (Enter max of 3 codes from Table 3-4 of DA Pam 385-40 or specify phase (e.g., hover, NOE, etc.))				Altitude AGL	Airspeed KIAS	Aircraft Weight	Overgross for Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No		13. TYPE EVENTS (Enter max 3 codes from Table 3-2 DA Pam 385-40 or specify type event which best describes the acdt/incdt, e.g., tree strike, generator failure, eng overspeed, hard landing fuel exhaustion, dropped cargo, oil cooler bearing failure, etc.)		
a. At Emergency	Hours Tenth								<input type="checkbox"/> <input type="checkbox"/>				
b. At Impact/Acft or Termination	Hours Tenth								<input type="checkbox"/> <input type="checkbox"/>				
14. ACCIDENT CAUSE FACTORS (Enter D, S, or U to identify Definite, Suspected, or Undetermined causes)				a. Human Error (If D or S complete blks 21, 23, & 24)			b. Materiel Failure/Malfunction (Includes mfg/design induced failures)(If D or S complete blk 16)			c. Environmental (If D or S Complete blk 17)			
15. SUMMARY (Enter summary of acdt sequence from onset of emergency through termination of flight. For Class D, E, and F, include the type of materiel failure and/or environmental factors.)													
16. COMPONENT AND PART FAILURE/MALFUNCTION DATA (part that initiated failure/malfunction.)								17. ENVIRONMENTAL (Chk conditions at time of acdt.)					
Identification	Major Component				Part				a. General (1) <input type="checkbox"/> IMC (2) <input type="checkbox"/> VMC (3) <input type="checkbox"/> Unknown				
a. Nomenclature									b. Environmental Conditions				
									(1) Weather Conditions		(2) Other Conditions		
b. Type, Design, and Series									(a) Hail		(a) Animals		
									(b) Sleet		(b) Fowl		
c. Part Number									(c) Fog		(c) Surface		
									(d) Drizzle		(d) Noise		
d. NSN									(e) Rain		(e) Chemicals		
									(f) Snow		(f) Radiation		
e. Manufacturer's Code									(g) Lightning		(g) Glare		
									(h) Thunderstorm		(h) FOD		
f. Part Serial No.									(i) Gusty Winds		(i) Temperature		
									(j) Freezing Rain		(j) Vibration		
9. Cause Failure/Malfunction	(1) <input type="checkbox"/> Materiel (2) <input type="checkbox"/> Maintenance		(3) <input type="checkbox"/> Design (4) <input type="checkbox"/> Manufacture		FGCODE (USACRC)		TYPEFL	CAUFL		(k) Other		(k) Dust	
										c. Acft Icing <input type="checkbox"/> No <input type="checkbox"/> Yes		d. Turbulence <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. BOARD PRESIDENT/ASO/POC (Name, Signature, and Date)					Grade		Branch			Address and Tel No. (DSN and Com).			
					E-Mail								

COMPLETE BLKS 19 - 26 FOR ALL CLASS C, COMBAT CLASS A, B, ACFT GROUND CLASS A, B, C, AND ALL CLASS ACDTs INVOLVING HUMAN ERROR/INJURY.

19. MOON ILLUMINATION DATA (For night Class A, B, or C acdts. If blk a is "no", no other entry is required.)

a. Moon Above Horizon <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Moon Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Moon (Degrees Above Horizon) _____	d. Percent of Moon Illumination _____ %	e. Moon (Clock Position from Flight Path/Nose of Act) _____
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20. WIRE STRIKE DATA (If "no" in blk a, no other entry is required)

a. Wire Strike <input type="checkbox"/> Yes <input type="checkbox"/> No	b. WSPS Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	c. WSPS Engaged Wire <input type="checkbox"/> Yes <input type="checkbox"/> No	d. WSPS Cut Wire <input type="checkbox"/> Yes <input type="checkbox"/> No	e. WSPS Functioned as Designed <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Wires Struck No. _____ Dia (inches) _____
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21. PERSONNEL DATA (Complete for each crew member with access to flight controls or other personnel injured or having a contributing role in the accident; use additional forms as needed)

a. Name (last, first, MI)		(1) SSN	(2) Grade	(3) Gender	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9)(a) Lab Test <input type="checkbox"/> Yes <input type="checkbox"/> No	(9)(b) Results <input type="checkbox"/> Pos <input type="checkbox"/> Neg	(10) Activity (Last 24 Hrs)	(a) Hrs Slept (b) Hrs Worked	(c) Hrs Flown	(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (c) DATE Redeployed from Combat Zone	(12) Injury (If "yes" complete DA Form 2397-9) <input type="checkbox"/> Yes <input type="checkbox"/> No	(13) Total Flight Hours (acdt MTDS)	(14) Total Flight Hours
b. Name (last, first, MI)		(1) SSN	(2) Grade	(3) Gender	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9)(a) Lab Test <input type="checkbox"/> Yes <input type="checkbox"/> No	(9)(b) Results <input type="checkbox"/> Pos <input type="checkbox"/> Neg	(10) Activity (Last 24 Hrs)	(a) Hrs Slept (b) Hrs Worked	(c) Hrs Flown	(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (c) DATE Redeployed from Combat Zone	(12) Injury (If "yes" complete DA Form 2397-9) <input type="checkbox"/> Yes <input type="checkbox"/> No	(13) Total Flight Hours (acdt MTDS)	(14) Total Flight Hours
c. Name (last, first, MI)		(1) SSN	(2) Grade	(3) Gender	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9)(a) Lab Test <input type="checkbox"/> Yes <input type="checkbox"/> No	(9)(b) Results <input type="checkbox"/> Pos <input type="checkbox"/> Neg	(10) Activity (Last 24 Hrs)	(a) Hrs Slept (b) Hrs Worked	(c) Hrs Flown	(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (c) DATE Redeployed from Combat Zone	(12) Injury (If "yes" complete DA Form 2397-9) <input type="checkbox"/> Yes <input type="checkbox"/> No	(13) Total Flight Hours (acdt MTDS)	(14) Total Flight Hours

22. IMPACT/PROTECTIVE/ESCAPES/SURVIVAL/RESCUE DATA (For Class A, B, and C acdts)

a. Acft Occupiable Space Compromised (If "yes" DA Form 2397-6 is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Escape/Survival Difficulties (If "yes" DA Form 2397-10 required for the individual) <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Protective/Restraint Equip Functioned as designed (If "no" DA Form 2397-10 required for the individual) <input type="checkbox"/> Yes <input type="checkbox"/> No
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23. ACDT CAUSE FACTORS (Blk 24 must support all cause factors checked; See DA Pam 385-40 for definition of cause factors)

a. <input type="checkbox"/> Training Failure (Stds exist but not known or ways to achieve them not known)	b. <input type="checkbox"/> Standards Failure (Stds not clear, practical, or do not exist)	c. <input type="checkbox"/> Leader Failure (Stds are known but not enforced)	d. <input type="checkbox"/> Individual Failure (Stds known but not followed)	e. <input type="checkbox"/> Support Failure (Inadequate equip/facilities/svcs/no or type personnel)
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24. FINDINGS AND RECOMMENDATIONS (See instructions in DA Pam 385-40 for writing findings and recommendations. Use additional sheet if required)

USACRC use only	Duty	Role	Failure/error Code	SI 1	RM 1	RM 2	RM 3
	Phase of OP	Task/part no.		SI 2	RM 1	RM 2	RM 3

25. LIST OF ATTACHMENTS (CCAD, DA Forms 2397-4, 8, 9, etc.)

26. COMMAND REVIEW (Required for Class A and B combat and all Class C acdts. Use separate sheet for nonconcurrency, additional findings, and recommendations.)

REVIEWER	Organization	Name (Typed/Printed)	Rank	Signature	Comments
a. Unit Commander					<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
b. Reviewing Official					<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
c. Approving Authority					<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
d. DA Review	USACRC				Approved for entry into ASMIS (YYYYMMDD)