WORKSHEET FOR
TELEPHONIC NOTIFICATION OF AVIATION ACCIDENT/INCIDENT

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

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)*

NOTE: ITEMS 24 AND 25 ARE NOT REQUIRED FOR CLASS C ACCIDENT

1. POINT OF CONTACT FOR ACCIDENT INFORMATION	a. Name		
Duty ☐ Commander ☐ Safety Officer ☐ Other *(Specify)*	c. Phone Number	DSN:	Commercial:

2. ACCIDENT CLASSIFICATION	3. TIME & DATE OF ACCIDENT				4. AIRCRAFT SERIAL NUMBER	5. TYPE OF AIRCRAFT
☐ A ☐ B ☐ C	a. Year	b. Month	c. Day	d. Time *(local)*		

6. PERIOD OF DAY	7. MISSION BEING PERFORMED		8. NOE
☐ Dawn ☐ Dusk ☐ Day ☐ Night	a. Type *(Training, Svc, etc.)*	b. Operation ☐ Single-Ship ☐ Multi-Ship	☐ Yes ☐ No

9. NIGHT VISION DEVICE			10. UNIT OWING AIRCRAFT	11. MACOM
a. In Use ☐ Yes ☐ No	b. If Yes ☐ ANVIS ☐ AN/PVS-5	☐ FLIR ☐ LLTV		

12. MILITARY INSTALLATION NEAREST ACCIDENT SITE	13. EXACT ACCIDENT LOCATION

CHECK "YES" or "NO" FOR QUESTIONS 14 THROUGH 19	Yes	No
14. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?		
15. IF YES TO #14, ARE THEY SECURE?		
16. ACCIDENT SITE SECURED IAW AR 385-10?		
17. HAS ACCIDENT SCENE BEEN DISTURBED?		
18. IF YES TO #17, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?		
19. FLIGHT DATA RECORDER INSTALLED?		
20. CLEARANCE WAS: ☐ VFR ☐ IFR		

21. PERSONNEL INVOLVED	a. No. of Personnel by Rank/Category
b. Total No. of Personnel	_____ Officer _____ WO _____ Enlisted _____ Army Civilian _____
	c. Highest Rank

22. INJURIES *(Enter # of each)*	As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.
_____ Fatalities _____ Non-Fatal Injuries	

23. ACCIDENT SYNOPSIS *(What Happened)*

24. NEWS MEDIA AWARE OF ACCIDENT	25. NEAREST AIRFIELD	a. Nearest that can handle C-12 *(4,000 ft. min.)*
☐ Yes ☐ No		b. Nearest commercial airfield

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