

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT

PART II - SUMMARY

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

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. CLASSIFICATION a. Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related		2. TYPE EVENTS a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>												
3. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night				4. a. On Post <input type="checkbox"/> Yes <input type="checkbox"/> No				b. On Airfield <input type="checkbox"/> Yes <input type="checkbox"/> No										
5. NEAREST MIL INSTALLATION						6. NO. OF ACFT INVOLVED												
7. LOCATION a. City:			b. State:		c. Country:		d. Grid or Lat./Long.:											
8. a. Acft MTDS:			b. (1) Orgn Acft Asgd:		(2) UIC:		c. Instal Acft Asgd:											
9. ORGN/CHAIN OF CMD INVOLVED AND ACCOUNTABLE																		
a. ORGN/Chain of Cmd Involved		Orgn Involved		Chain of Cmd		Chain of Cmd		Chain of Cmd		Chain of Cmd		Army HQ						
		(1) Unit																
b. ORGN/Chain of Cmd Accountable		Orgn Accountable		Chain of Cmd		Chain of Cmd		Chain of Cmd		Chain of Cmd		Army HQ						
		(1) Unit																
		(2) UIC																
10. a. Estimated Cost <input type="checkbox"/> Total Loss				11. SURVIVABILITY		12. IN-FLT ESCAPE		13. FIRE		14. POSTCRASH ESCAPE DIFFICULTIES								
(1) Acft Damage Cost		\$		Owner		<input type="checkbox"/> Survivable		<input type="checkbox"/> Ejection		<input type="checkbox"/> None								
(2) Repair M/Hrs Cost		\$		No. M/Hrs		<input type="checkbox"/> Partially Survivable		<input type="checkbox"/> Bailout		<input type="checkbox"/> Inflight								
(3) Other Damage Mil		\$		Owner		<input type="checkbox"/> Nonsurvivable		<input type="checkbox"/> Not Accomplished		<input type="checkbox"/> Post-crash								
(4) Other Damage Civ		\$		Owner		<input type="checkbox"/> Acft Missing		<input type="checkbox"/> NA		<input type="checkbox"/> Other								
(5) Injury Cost		\$								<input type="checkbox"/> Yes								
(6) Total Cost This Acft		\$								<input type="checkbox"/> No								
b. Total Cost Multiple Acft		\$								<input type="checkbox"/> NA								
15. USABLE FUEL ABOARD ACFT				a. At Takeoff: _____ lbs.		b. At Time of Emerg: _____ lbs.												
				c. At Acft or Term: _____ lbs.		d. Type Fuel:												
16. GENERAL DATA			17. FLIGHT PLAN		18. MISSION		19. INJURIES (Number)		Fatal (A)		Disabling (B - E)		Nondisabling (F-G)		Missing (H)		Not injured (I)	
a. Fluid Spillage <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> VFR		a. Type		a. Occupants Military											
b. (1) Night Visual Aids Used <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> IFR		b. Operations		b. Occupants Other											
(2) Specify Type _____			<input type="checkbox"/> None		<input type="checkbox"/> Single-ship		c. Non-Occupants Mil											
c. (1) Digital Source Collector Installed <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> NA		<input type="checkbox"/> Multi-ship		d. Non-Occupants											
(2) Specify Type _____							e. Total This Acft											
d. Field Training Exercise Involved <input type="checkbox"/> Yes <input type="checkbox"/> No							f. Multiple Acft Event											
e. Heads-Up Display In Use <input type="checkbox"/> Yes <input type="checkbox"/> No																		
f. Emergency Locator Transmitter Installed <input type="checkbox"/> Yes <input type="checkbox"/> No																		
20. TERRAIN OF CRASH SITE (More than one may apply)																		
a. General Characteristics <input type="checkbox"/> Mountain <input type="checkbox"/> Desert <input type="checkbox"/> Rolling <input type="checkbox"/> Flat <input type="checkbox"/> Water									b. Surface at Crash Site <input type="checkbox"/> Prepared <input type="checkbox"/> Ice <input type="checkbox"/> Sod <input type="checkbox"/> Snow <input type="checkbox"/> Soggy <input type="checkbox"/> Water									
c. Crash Site Grade _____ Degrees <input type="checkbox"/> Level <input type="checkbox"/> Slope									d. Obstacles at Crash Site <input type="checkbox"/> Stumps <input type="checkbox"/> Trees <input type="checkbox"/> Bldg <input type="checkbox"/> Wires <input type="checkbox"/> Rocks/Boulders <input type="checkbox"/> Other _____									
21. FLIGHT DATA				Flight Duration		Phase of Operation		Altitude		Airspeed TAS		Heading (Compass)		Aircraft Weight		Overgross Yes No		
a. Planned Data				Hr _____				AGL _____								<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Tns _____				MSL _____								<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. When Emergency Occurred				Hr _____												<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Tns _____												<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Accident or Termination				Hr _____												<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Tns _____												<input type="checkbox"/> Yes <input type="checkbox"/> No		
22. ACCIDENT CAUSE FACTORS (Enter a D, S, or U in appropriate blocks to identify definite, suspected, or undetermined causes)																		
a. Personnel				D, S, or U		Personnel (Continued)						D, S, or U						
(1) Flight Crew: Duty						(3) Supervisory Duty												
Duty						Duty												
Duty						(4) Other Duty												
(2) Ground Crew: Duty						b. Material Failure/Malfunction												
Duty						c. Environmental												
23. SEQUENCE (Factual accident sequence from onset of emergency through termination of flight. Use additional sheet if required.)																		
24. AVN SAFETY OFFICER a. Name, Rank, and Organization										b. Signature								
25. CASE NO. a. Date (YYYYMMDD)				b. Time				c. Acft Serial No.				26. OTHER ACFT SERIAL NO.						