



**TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT
PART VII - IN-FLIGHT OR TERRAIN IMPACT AND CRASH DAMAGE DATA**


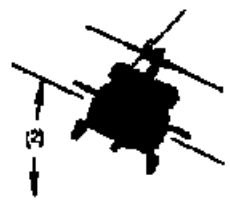
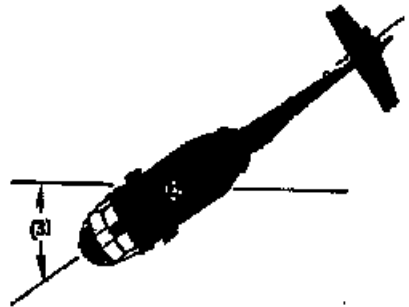
For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. IN-FLIGHT COLLISION KINEMATICS AT INSTANT OF IMPACT

<p>a. Airspeed at Impact (knots) _____</p> <p>b. Vertical Speed (feet per minute) <input type="checkbox"/> Up <input type="checkbox"/> Down _____</p> <p>c. Flight Path Angle (degrees) <input type="checkbox"/> Up <input type="checkbox"/> Down _____</p> <p>d. In-Flight Attitude At Impact</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>(1) Pitch Angle</p>  <p>Degrees _____ <input type="checkbox"/> Up <input type="checkbox"/> Down</p> </div> <div style="text-align: center;">  <p>Degrees _____ <input type="checkbox"/> Left <input type="checkbox"/> Right</p> </div> </div>	<p>f. Obstacle Strike Sequence (Enter 1, 2, 3, etc. to show sequence of strike)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">_____ Prop/Rotor</td> <td style="width:50%; border: none;">_____ Landing Gear</td> </tr> <tr> <td style="border: none;">_____ Rotor Mast</td> <td style="border: none;">_____ Wing</td> </tr> <tr> <td style="border: none;">_____ Tail Rotor</td> <td style="border: none;">_____ Empennage</td> </tr> <tr> <td style="border: none;">_____ Tail Boom</td> <td style="border: none;">_____ WSPS</td> </tr> <tr> <td style="border: none;">_____ Windscreen</td> <td style="border: none;">_____ FLIR</td> </tr> <tr> <td style="border: none;">_____ LWR Nose/Gun Turret</td> <td style="border: none;">_____ Other (Specify)</td> </tr> </table> <p>g. Obstacle Conspicuity (Within accident distance from pilot's position, the obstacle in its surroundings was obscured)</p> <p>(1) <input type="checkbox"/> Completely (2) <input type="checkbox"/> Partially (3) <input type="checkbox"/> Not Obscured</p> <p>h. Wire or Cable Description</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Type</th> <th style="width:20%;">Dia In Inches</th> <th style="width:30%;">No. Struck</th> </tr> </thead> <tbody> <tr> <td>(1) Power Transmission</td> <td></td> <td></td> </tr> <tr> <td>(2) Telephone or TV</td> <td></td> <td></td> </tr> <tr> <td>(3) Bracing (guy/support)</td> <td></td> <td></td> </tr> <tr> <td>(4) Other (Specify)</td> <td></td> <td></td> </tr> </tbody> </table> <p>i. WSPS (1) Installed <input type="checkbox"/> Yes <input type="checkbox"/> No (2) Cut Wire <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. Obstacle Struck Other Than Wire (diameter in inches)</p>	_____ Prop/Rotor	_____ Landing Gear	_____ Rotor Mast	_____ Wing	_____ Tail Rotor	_____ Empennage	_____ Tail Boom	_____ WSPS	_____ Windscreen	_____ FLIR	_____ LWR Nose/Gun Turret	_____ Other (Specify)	Type	Dia In Inches	No. Struck	(1) Power Transmission			(2) Telephone or TV			(3) Bracing (guy/support)			(4) Other (Specify)		
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2. TERRAIN COLLISION KINEMATICS AT INSTANT OF MAJOR IMPACT

<p>a. Ground Speed at Impact _____ (knots)</p> <p>b. Vertical Speed <input type="checkbox"/> Up <input type="checkbox"/> Down _____ (FPM)</p> <p>c. Flight Path Angle <input type="checkbox"/> Up <input type="checkbox"/> Down _____ (degrees)</p>	<p>d. Indicate by Check Marks Which Two of The Three Preceding Parameters (a, b, c) Are The Most Accurate</p> <p>a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/></p> <p>e. Impact Angle _____ (degrees)</p>
<p>f. Attitude at Major Impact</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Degrees _____ <input type="checkbox"/> Up <input type="checkbox"/> Down</p> </div> <div style="text-align: center;">  <p>Degrees _____ <input type="checkbox"/> Left <input type="checkbox"/> Right</p> </div> <div style="text-align: center;">  <p>Degrees _____ <input type="checkbox"/> Left <input type="checkbox"/> Right</p> </div> </div>	

3. ROTATION AFTER MAJOR IMPACT

a. Did Aircraft Rotate About Any Axis After The Above Major Impact (If yes, complete items b, c, and d)
 Yes No Unknown

<p>b. Roll Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right Degrees _____</p>	<p>c. Yaw Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right Degrees _____</p>	<p>d. Pitch Degrees <input type="checkbox"/> Up <input type="checkbox"/> Down Degrees _____</p>
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4. IMPACT FORCES RELATIVE TO AIRCRAFT AXES (G's)

<p>a. Vertical (G's) <input type="checkbox"/> Up <input type="checkbox"/> Down G's _____</p>	<p>b. Longitudinal (G's) <input type="checkbox"/> Fore <input type="checkbox"/> Aft G's _____</p>	<p>c. Lateral (G's) <input type="checkbox"/> Left <input type="checkbox"/> Right G's _____</p>
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5. CASE NO.	a. Date (YYYYMMDD)	b. Time	c. Acft Serial No.	6. OTHER ACFT SERIAL NO.
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7. FUSELAGE INWARD DEFORMATION OR COLLAPSE AND INJURY RELATIONSHIP (Check appropriate boxes)									
Fuselage Area	Amount or Type of Deformation or Collapse	Specific Area of Deformation or Collapse				Fuselage Deformation Produced/Contributed to Injury			
		Cockpit (1)	Forward Cabin Area (2)	Mid Cabin Area (3)	Rear Cabin Area (4)	Cockpit (5)	Forward Cabin Area (6)	Mid Cabin Area (7)	Rear Cabin Area (8)
a. Roof	Up to 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More Than 1 Foot But Less Than 3 Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More Than 3 Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Left Side	Up to 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More Than 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Right Side	Up to 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More Than 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nose	Up to 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More Than 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Floor	Up to 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More Than 1 Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Floor (local deformation under seats)	Vertical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sideward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forward/Rearward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. LARGE COMPONENT DISPLACEMENT (Check appropriate boxes)				
Component	Displaced (1)	Torn Free (2)	Cockpit Penetrated/Entered (3)	Cabin Penetrated/Entered (4)
a. Transmission (forward or main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transmission (rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rotor Blade (forward or main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rotor Blade (rear or tail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Landing Gear (specify location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. FLUID SPILLAGE						
a. Equipped With Crashworthy Fuel System <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If So Equipped, Did Breakaway Valves Separate as Designed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	e. Amount and Type Fluid Spilled				
		Gallons	Fuel (Type)	Oil (Type)	Hyd Fluid (Type)	Other (Specify)
c. Flammable Fluid Spillage Occurred <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Auxiliary Fuel Tanks Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal <input type="checkbox"/> External Crashworthy <input type="checkbox"/> Yes <input type="checkbox"/> No	0 - 1				
		> 1 - 2				
		> 2 - 10				
		> 10 - 20				
		> 20				

10. SPILLAGE SOURCE			
Part	a. Part Name/Nomenclature	b. Part Number	c. National Stock No.
(1) Cell/Tank/Reservoir			
(2) Filter			
(3) Fitting			
(4) Fluid Line			
(5) Valve			
(6) Breakaway Valve			
(7) Other (Specify)			
(8) Other (Specify)			
(9) Other (Specify)			

11. REMARKS