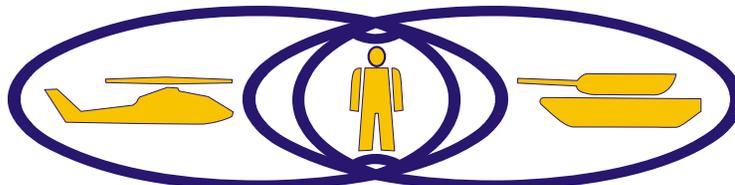


# AGAR

Abbreviated Ground  
Accident Report

Use and  
Preparation  
Guide

MARCH 2009



**U.S. ARMY COMBAT READINESS/SAFETY CENTER**

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**DA Form 285-AB**  
**Abbreviated Ground Accident Report**  
**(AGAR) is a three-page fill-in-the-block/narrative form**  
**used for reporting specific ground accidents**  
**IAW AR 385-10 and DA PAM 385-40**

**Summary of Reporting Requirements**

**All Accidents**

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**All accidents** (regardless of accident class or personnel duty status) **must be reported** to the local safety office and to the immediate commander or supervisor whose operation, personnel, or equipment is involved.

**Accident Classification Criteria**

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- **Class A.** The resulting total cost of reportable damage is \$1,000,000 or more; an Army Aircraft or missile is destroyed, missing, or abandoned; or an injury and/or occupational illness results in a fatality or permanent total disability.
- **Class B.** The resulting total cost or reportable property damage is \$200,000 or more but less than \$1,000,000; an injury and/or occupational illness results in permanent partial disability, or three or more personnel are inpatient hospitalized as a result of a single occurrence.
- **Class C.** The resulting total cost of property damage is \$20,000 or more but less than \$200,000; a nonfatal injury causes any loss of time from work beyond the day or shift on which it occurred, or a nonfatal illness or disability causes loss of time from work or disability at any time (lost-time case).
- **Class D.** An Army accident in which a nonfatal injury or occupational illness occurs that results in restricted work activity, transfer to another job, medical treatment greater than first aid, needle stick injuries and cuts from sharps that are contaminated from another person's blood, or other potentially infectious material, medical removal under medical surveillance requirements of an OSHA standard, occupational hearing loss, or a work-related tuberculosis case; total cost of property damage is \$2,000 or more but less than \$20,000.

**On-duty Accidents**

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- **Class A & B accidents.** The U.S. Army Combat Readiness/Safety Center (USACRC) must be notified immediately about any Class A or B on-duty Army ground accident. The information required is on the "Telephone Notification of Ground Accident" worksheet, DA Form 7306 on the CRC website, or USAPA. These accidents are not reported on the AGAR, but are required to be investigated by an accident investigation board (see AR 385-10, paragraph 3-14 for accident board requirements). This report will be completed and submitted to the USACRC within 90 calendar days from the date of the accident. Report to OSHA within 8 hours after the death of any Army civilian employee from a work related incident or the inpatient hospitalization of 3 or more civilian employees as a result of a work related incident. An activity representative must

orally report the fatality/multiple hospitalization by telephone or in person to the area office of the OSHA, and the U.S. Department of Labor, that is nearest to the site of the incident. The representative may also use the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).

- **Class C & D accidents.** Class C accidents will be reported on the AGAR within **90** calendar days of the date of the accident, and **Class D** accidents will be reported within **30** calendar days for from the date of the accident. Appropriate additional substantiating information should be attached to the AGAR when it is forwarded to the USACRC. Use the AGAR to report civilian personnel injuries in lieu of OSHA Form 301. (OSHA reporting items are integrated into Army forms.)

## Off-duty Accidents

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- **Class A & B accidents.** The U.S. Army Combat Readiness/Safety Center (USACRC) must be notified immediately for any Class A or B off-duty Army ground accident involving military personnel. The information required is on the "Telephone Notification of Ground Accident" worksheet DA Form 7306 located on the CRC website, or the USAPA site. These accidents will require follow-up with a completed AGAR within 30 calendar days of the date of the accident.
- **Class C & D accidents.** All Class C and D accidents will be reported on the AGAR within 30 calendar days of the date of the accident.

## Combat Accident Reporting

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**All classes of accidents.** The AGAR may be used to report all classes of accidents in areas of combat or contingency operations when the theater senior tactical commander determines that the situation, condition, and/or time does not permit normal investigation and reporting procedures. Standard reporting procedures found in AR 385-10 will be used when time and conditions permit. All Class A and B accident initial notification will be telephonic to USACRC.

## GROUND ACCIDENTS NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES

PEACETIME				COMBAT* <sub>2</sub>	
ACCIDENT CLASS	TELEPHONIC NOTIFICATION WORKSHEET	AGAR	DA FORM 285	TELEPHONIC NOTIFICATION WORKSHEET	AGAR ONLY By any Means Possible (ARAS, email, Fax, Phone, Hand Carry, Mail)
ON-DUTY A	Immediately * <sub>1</sub>	Not Required	IAI/CAI-90 days	Immediately * <sub>1</sub>	As time Permits (Not to Exceed 60 days)
B	Immediately * <sub>1</sub>	Not Required	IAI/CAI-90 days	Immediately * <sub>1</sub>	As time Permits (Not to Exceed 60 days)
C	Not Required	W/in 90 days	Not Required	Not Required	As Time Permits (Not to Exceed 60 days)
D	Not Required	W/in 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
OFF-DUTY A	Immediately * <sub>1</sub>	W/in 30 days	Not Required	Immediately * <sub>1</sub>	As Time Permits (Not to Exceed 30 days)
B	Immediately * <sub>1</sub>	W/in 30 days	Not Required	Immediately * <sub>1</sub>	As Time Permit (Not to Exceed 30 days)
C	Not Required	W/in 30 days	Not Required	Not required	As Time Permit (Not to Exceed 30 days)
D	Not Required	W/in 30 days	Not Required	Not Required	As Time Permit (Not to Exceed 30 days)

- \*NOTE: 1. USACRC must be notified IMMEDIATELY by phone at DSN 558-2660/2539/3410 or Commercial (334) 255- 2660/2539/3410, or notify Safety Rep forward (during Combat).  
2. When the Senior Tactical Commander determines that the situation, conditions, or time does not permit normal peacetime investigation and reporting.

All reporting requirements are in Calendar days.

## CIVILIAN ACCIDENTS NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES

ACCIDENT CLASS	TELEPHONIC NOTIFICATION WORKSHEET	AGAR	DA FORM 285	OSHA Log 300	OSHA Log 301
ON-DUTY A	Immediately * <sub>1</sub>	Not Required	IAI/CAI-90 days	Yes * <sub>2</sub>	* <sub>3</sub>
B	Immediately * <sub>1</sub>	Not Required	IAI/CAI-90 days	Yes * <sub>2</sub>	* <sub>3</sub>
C	Not Required	W/in 90 days	Not Required	Yes * <sub>2</sub>	* <sub>3</sub>
D	Not Required	W/in 30 days	Not Required	Yes * <sub>2</sub>	* <sub>4</sub>
3 or more civilian employees hospitalized	Immediately * <sub>1</sub>	Not Required	IAI/CAI-90 days	Yes * <sub>2</sub>	* <sub>3</sub>

- \*NOTE: 1. USACRC must be notified IMMEDIATELY by phone at DSN 558-2660/2539/3410 and unit representative must orally report the fatality/multiple hospitalization by telephone or in person (within 8 hours) to the area office of the OSHA, U.S. Department of Labor, that is nearest to the site of the incident. The representative may also use the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742). Employers

- must enter each recordable case on the appropriate OSHA forms within 7 calendar days of receiving information that a recordable case occurred.
2. OSHA Form 300-A Summary of Work-Related Injuries and Illnesses. The commander is responsible for preparing an annual summary of injuries and illnesses that occurred during the calendar year. The annual summary, OSHA form 300A, displays the totals from columns G through M of OSHA log 300. The summary also displays the calendar year covered, units name and address.
  3. If a civilian injury or illness is recordable, the appropriate DA Form 285 must be completed. The 285 form will be used in lieu of the OSHA Form 301, Injury and Illness Incident Report, and is a comparable form to the Form 301 which can be submitted to OSHA if requested. Not reportable to OSHA in Combat/OCONUS.
  4. When an OSHA-recordable hearing loss occurs from an instantaneous event (e.g., acoustic trauma from a one-time blast over pressure) the hearing loss shall be recorded as an "injury according to OSHA-recommended guidelines. Record all work-related needle stick injuries and cuts from sharp objects contaminated with another person's blood or other potentially infectious material.

## **Submitting Reports**

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Forward the original of the completed AGAR to USACRC. **Units should consult their local Safety Office or guidance from their Higher Command for the proper routing of accident reports in their command.**

When time-sensitive safety-of-use issues are involved, telephonically notify the USACRC (334) 255-2660/3410 or DSN 558-2660/3410.

Forward reports as follows:

- Mail to: Commander, U.S. Army Combat Readiness/Safety Center  
ATTN: CSSC-O, Quality Control Support Branch  
Bldg 4905, 5<sup>th</sup> Ave  
Fort Rucker, AL 36362-5363
- Fax: (334) 255-2266 or DSN 558-2266
- Email: [SAFEAccidentInfoForward@conus.army.mil](mailto:SAFEAccidentInfoForward@conus.army.mil)

Points of contact for questions or help in completing this form are available at your local Safety Office or at USACRC (334)-255-2256/2445 or DSN 558-2256/2445.

An electronic copy of the DA FORM 285-AB in various formats may be obtained by clicking on <https://safety.army.mil/>, then click on ACCIDENT REPORTING & INVESTIGATION, then FORMS, then GROUND ACCIDENT FORMS & INSTRUCTIONS, or the USAPA website <http://www.apd.army.mil/>.

The automating reporting system allows for quick and easy reporting through the USACRC web site: <https://safety.army.mil>.

## **Safety and Occupational Health Program injury/illness log**

Employers must enter each recordable case on the appropriate OSHA forms within 7 calendar days of receiving information that a recordable case occurred. The rule requires employers to keep three forms:

- a. OSHA Form 300, Log of Work-Related Injuries and Illnesses. On the 300 Log, the employer checks one and only one of the outcome columns for each case, the one representing the most serious outcome of the case. If the status changes, then the entry must be changed. For example, if the injured employee is experiencing days away from work then dies, the employer must remove (or line out) the day's away entry and the day count and check the box for a fatality. (Note deleted information.)
- b. OSHA Form 300A, Summary of Work-Related Injuries and Illnesses. This form must be posted at the end of each calendar year from 1 February to 30 April of the year following the year covered by the form.
- c. The OSHA Forms 300 and 300A or equivalent form will be maintained for all Army personnel, military, civilian, and contractors, as defined in this pamphlet. Maintain military occupational injuries/illnesses on a separate log from other personnel.
- d. The DA Form 285-series or DA Form 2397-series forms as appropriate will be used in lieu of the OSHA Form 301, Injury and Illness Incident Report. This form captures data on each injury and illness (the length of service, what time the injury occurred, what time the employee started work).

**Note.** Employers can keep their records on equivalent forms, on a computer, or at a central location, provided they can get information into the system within 7 calendar days after the injury or illness occurs and they can produce the data at the establishment when required. Records must be retained for 5 years.

Department of the Army installations and/or the responsible safety office for the employees will be provided the required information necessary to meet the OSHA recordkeeping requirements (see AR 385-10 and DA Pam 385-40). Using the standards outlined in the OSHA Act, DA installations and/or the safety office in the employees' chain of command are responsible for ensuring that injuries and occupational illnesses to Army civilians and contractors as defined in AR 385-10, paragraph 3-5, are recorded using the appropriate Army accident reporting forms in accordance with AR 385-10 and DA Pam 385-40. Note that although a report is required, contractor accidents will not be counted as Army accidents unless one of the conditions listed in AR 385-10, paragraph 3-3 exists. They are further responsible for maintaining an OSHA Form 300 (Log of Work-Related Injuries and Illnesses) in accordance with OSHA Act standards.

# Detailed Instructions for Completing the AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of accident, the unit/activity accountable for the accident, and the blocks being continued. For accidents involving more than one person, the entire form will be completed on the most responsible reportable person. An additional AGAR with Blocks 1 through 5, and 11 through 37 (38 if applicable) will be completed for each additional person who contributed to the cause of the accident or was injured in the accident sequence. The instructions are keyed to block numbers.

**1. Block 1.** Date and time of accident.

- a. Enter the year (e.g., 2008)
- b. Enter the month (e.g., 06)
- c. Enter the day (e.g., 21)
- d. Enter the local military time (e.g., 2315)

**2. Block 2,** Period of day. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light. Dawn is the period between beginning of morning nautical twilight (BMNT) and official sunrise. Dusk is the period of time between official sunset and end of evening nautical twilight (EENT).

**3. Block 3.** Accident Class. Enter the accident's classification: A, B, C, or D. (See definitions in AR 385-10, Chapter 3).

**4. Block 4.** Combat status. Check whether or not the accident occurred during combat. Combat should be checked if the accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater immediately following combat.

**5. Block 5.** Unit Identification. Enter information for the unit or organization responsible for the accident. Guidance for determining accident accountability can be found in AR 385-10, paragraph 3-9.

- a. Block 5a. Enter the **six-digit** unit identification code (UIC) for the specific organizational unit or activity responsible for the accident (e.g., WXXXXX).
- b. Block 5b. Unit address. Enter the full military address of unit/organization (e.g., B Company, 2/18 Cavalry, Ft. Bragg, NC XXXXX-XXXX).
- c. Block 5c. Unit's Branch. Enter the abbreviation of Army branch the unit is affiliated with (e.g., Armor, Infantry, Engineer, etc.) Army branches are listed in Table 4-2.
- d. Block 5d. Army Headquarters. Enter the abbreviation for the Army command, Army Service Component Command, or Direct Reporting Unit that the unit/activity belongs to (e.g., Army Materiel Command [AMC], U.S. Army Europe and 7th Army, Forces Command, etc.)

**6. Block 6.** Location of the accident.

- a. Block 6a. Enter the exact location of the accident (e.g., building number, street name and address, distance from nearest landmark, etc.)
- b. Block 6b. Enter one code for primary function of the accident location, see Table 4-3.
- c. Block 6c. Enter the grid coordinate or latitude/longitude for the accident location.
- d. Block 6d. Enter the state or country if outside the United States.

e. Block 6e. Indicate whether the accident occurred on or off post, and if on post, enter the name of the installation/activity.

**7. Block 7. Explosives/Ammunition.** Check if explosives, ammunition, or pyrotechnics were involved. Involved meaning the explosives/ammunition had a causal or contributing role in the accident, to include severity of damage or injury/occupational illness. If “Yes” is checked, provide the information specified in DA PAM 385-40, paragraph 5-3, in blocks 9, 39, 42, and the synopsis. Check the appropriate fields in block 39 if the explosive/ammunition was exposed to significant environmental conditions and describe in block 40.

**8. Block 8. Mission.**

a. Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, state so.

b. Block 8b. Was the task a Mission Essential Task List task? Check the appropriate box.

**9. Block 9. Vehicle/Equipment/Materiel Involved.** “Involved” means vehicle/equipment/materiel/property that is damaged, whose use or misuse contributed to the accident or whose materiel failure/malfunction caused and/or contributed to the accident. Include Army and non-Army equipment/materiel. Use one line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary (be sure to annotate the block number).

a. Block 9a. Enter the name of the equipment /materiel involved.

b. Block 9b. Enter the equipment model.

c. Block 9c. Enter the equipment serial number (if applicable).

d. Block 9d. Indicate who owns the vehicle/equipment/materiel (e.g., DOD, DA, Unit, POV, etc.).

e. Block 9e. Enter an estimate of the damage cost for the piece of equipment listed in Block 9a.

f. Block 9f. From the list below select the type(s) of collision in which this property/materiel was involved. More than one collision type might be appropriate for the property/materiel. If so, enter up to three, in sequence, in the space provided. If “Other” is selected, specify what type of collision in the space provided. If no collision was involved, leave blank.

1 = Going forward and collided with moving vehicle

2 = Going forward and collided with parked vehicle

3 = Collision while backing

4 = Collision with pedestrian

5 = Collision with object (other than vehicle/pedestrian)

6 = Overturned

7 = Ran off road

8 = Jackknifed

9 = Going forward & rear-ended with moving vehicle

10 = Going forward & rear-ended stopped vehicle

11 = Collision while turning

12 = Other (specify)

**Note:** If the item in block 9a experienced a materiel failure/malfunction that caused or contributed to the accident, complete blocks 9g-9i and block 10. If not, skip to block 11.

g. Block 9g – 9l, Materiel malfunction/failure information. Enter the code that indicates how the component/part failed/malfunctioned (mode of failure, see Table B-3 below). Complete items g through l for each component/part whose failure or malfunction contributed to the accident. Annotate whether an EIR/PQDR (SF 368) was prepared and submitted through appropriate channels for each component/part.

**Table B-3  
Material Failures/Malfunctions**

<b>Code:</b> M01	<b>Keyword/Explanation:</b> Overheated/burned/melted. Key words: blister, boil, carbonize, char, flame, fuse, or glaze. Excessive heat caused material or equipment to fail or malfunction.
<b>Code:</b> M02	<b>Keyword/Explanation:</b> Froze (temperature). Key words: congeal or solidify. Excessive cold caused material/equipment to fail/malfunction.
<b>Code:</b> M03	<b>Keyword/Explanation:</b> Obstructed/pinched/clogged. Key words: block, crimp, or restrict. Function of materiel or equipment was hindered or completely cut off by an obstacle.
<b>Code:</b> M04	<b>Keyword/Explanation:</b> Vibrated. Key words: oscillate or shake. Side-to-side or forward-and-backward movement of materiel or equipment caused it to fail or malfunction.
<b>Code:</b> M05	<b>Keyword/Explanation:</b> Rubbed/worn/frayed. Key words: abrade, chafe, fret, groove, score, or scrape. Friction-producing movement was applied to materiel or equipment to such an extent that it failed or malfunctioned.
<b>Code:</b> M06	<b>Keyword/Explanation:</b> Corroded/rusted/pitted. Key words: erode or oxidize. Gradual wearing away (usually by chemical action) of materiel or equipment to such an extent that it failed or malfunctioned.
<b>Code:</b> M07	<b>Keyword/Explanation:</b> Overpressured/burst. Key words: balloon, bulge, explode, rupture, or swell. Steady or abrupt force was applied over the surface of materiel or equipment to such an extent that it failed or malfunctioned.
<b>Code:</b> M08	<b>Keyword/Explanation:</b> Pulled/stretched. Key word; elongate. Steady or abrupt force applied to materiel or equipment caused it to move toward the force, in whole or in part, to such an extent that it failed or malfunctioned.
<b>Code:</b> M09	<b>Keyword/Explanation:</b> Twisted/torqued. Key word: turn. Steady or abrupt application of twisted forces caused materiel or equipment to fail or malfunction.
<b>Code:</b> M10	<b>Keyword/Explanation:</b> Compressed/hit/punctured. Key words: chip, collapse, crush, dent, nick, pinch, press. Steady or abrupt application of force that presses/impacts materiel or equipment causing it to fail or malfunction.
<b>Code:</b> M11	<b>Keyword/Explanation:</b> Bent/warped. Key words: bow or buckle. Changing materiel or equipment from an original straight, level, or even condition through the application of force to such an extent that it failed or malfunctioned.
<b>Code:</b> M12	<b>Keyword/Explanation:</b> Sheared/cut. Key words: chop or sever. Failure or malfunction was caused by steady or abrupt force applied to materiel, resulting in a break with the two parts sliding parallel to each other in different directions.
<b>Code:</b> M13	<b>Keyword/Explanation:</b> Decayed/decomposed. Key words: mildew, rot, or spoil. Chemical or biological action resulted in a gradual decline in materiel or equipment strength to such an extent that it failed or malfunctioned.

<b>Code:</b> M14	
<b>Keyword/Explanation:</b>	Electric current action. Key words: short, arc, fusing, grounding, amperage, voltage, surge. Action of electric current caused materiel or equipment to fail or malfunction.
<b>Code:</b> M15	
<b>Keyword/Explanation:</b>	No defect but does not meet the mission requirements.
<b>Code:</b> M97	
<b>Keyword/Explanation:</b>	Insufficient information to determine type of failure.

**10. Block 10.** Why Did the Materiel Fail/Malfunction (Root Cause)? Materiel failures/malfunctions can be caused by the shortcomings of support. *Specific causes may include:*

- a. Block 10a Support - Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment/materiel not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities/services).. Determine the underlying reason (root cause(s)) the materiel failed/malfunctioned and check accordingly (see Appendix B.)
- b. Block 10b. Describe how the materiel failed/malfunctioned and explain why (i.e., explain mode of failure from block 9f and root cause). Example: Block 9f = M05, and Block 10a = "Support –Equip/Material improperly designed," enter why the improper design caused the material to fail or malfunction by friction producing movement.

**Note:** One complete form is required. If more than one individual is involved, submit an additional form, completing only blocks 1-5 and 11-37 (38 if applicable) for each person. Involved means any person who was injured or who took actions or made decisions that caused or contributed to the accident.

**11. Block 11.**

- a. Block 11a. Enter last name, first name, and middle initial of involved person. Include unit name, address, and UIC if it is **different** from block 5a.
- b. Block 11b. For Army civilians or Army contractors that are injured, enter their home address.

**12. Block 12.** Enter the SSN of the individual listed in block 11.

**13. Block 13.** Personnel Classification.

- a. Block 13a, Enter the code for the classification (at the time of the accident) of the person listed in block 11. See Table 4-5.
- b. Block 13b, Date assigned/hired. For DOD personnel, enter the date the individual was assigned/hired at the unit/organization.
- c. Block 13c. Indicate the date of redeployment, if applicable.

**14. Block 14.** MOS/job series. For Army personnel, enter the full MOS or job series of the individual; e.g., 63B10, GS-0018-14, etc.

**15. Block 15.** Duty status.

- a. For DOD personnel, check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11. (See Glossary for definitions of on- and off-

duty status). *(This determination applies for safety accident reporting purposes only, and has no relation to compensability or line-of-duty decisions.)*

b. If the Soldier was on leave or pass at the time of the accident, check the box and enter the inclusive leave/pass dates (e.g., 20080705).

**16. Block 16.** Enter the date of birth for the individual listed in block 11.

**17. Block 17.** Enter the gender for the individual listed in block 11 (“M” for male or “F” for female).

**18. Block 18.** For DOD personnel, enter the rank/pay grade for the individual listed in block 11 (e.g., E5, 03, GS-11, WG-8).

**19. Block 19.** Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

**20. Block 20.** Most Severe Injury/occupational illness. For the individual listed in block 11, complete Blocks a through d for the most severe injury/occupational illness.

a. Block 20a, Degree. Enter the code that indicates the severity of the injury/occupational illness to the individual list in block 11 from the table below. If more than one applies, enter the most severe. See Glossary for definitions.

**a** = Fatal

**b** = Permanent Total Disability

**c** = Permanent Partial Disability

**d** = Days Away From Work

**e** = Restricted Work Activity (Light duty, profile, etc.)

**f** = Medical Treatment Beyond First Aid (Includes cases of loss of consciousness, needle stick/cuts from sharps, etc...)

**g** = First Aid Only

**h** = No injury/occupational illness

b. Block 20b, Injury/illness Type. Enter the code below that best describes this person’s most serious injury/occupational illness type.

**A** - Burns (chemical)

**B** - Burns (thermal)

**C** - Amputation

**D** - Decompression sickness

**E** - Asphyxiation (suffocation)

**F** - Fractures

**G** - Dislocation

**H** - Abrasions

**I** - Concussion

**J** - Sprains/strain

**K** - Cuts/lacerations

**L** - Contusion

**M** - Puncture wound

**N** - Hernia, rupture

**O** - Frostbite

**P** - Heatstroke

- Q** - Heat exhaustion
- R** - Noise injury
- S** - Needle sticks or cuts from sharps
- T** - Loss of consciousness
- U** - Other (specify)

c. Block 20c, Body Part. Enter the code below that best describes the most seriously injured part of this person's body. Body part entered here should be the one with the injury indicated in previous block.

- A** - Body (General, cannot specify)
- B** - Head
- C** - Forehead
- D** - Eyes
- E** - Nose
- F** - Jaw
- G** - Neck
- H** - Trunk
- I** - Chest
- J** - Heart
- K** - Back
- L** - Shoulder
- M** - Arms
- N** - Wrist
- O** - Hand
- P** - Fingers
- Q** - Leg
- R** - Knee
- S** - Ankle
- T** - Foot
- U** - Toes
- V** - Other

d. Block 20d, Cause. Enter the code below that best describes the cause of the most serious injury/occupational illness to this individual.

- A** - Struck against
- B** - Struck by
- C** - Fell from elevation
- D** - Fell from same level
- E** - Caught in/under/between
- F** - Rubbed/abraded
- G** - Bodily reaction
- H** - Overexertion
- I** - Exposure
- J** - External contact
- K** - Ingested
- L** - Inhaled
- M** - Thrown from

**21. Block 21. Lost time**

a. Block 21a, Days hospitalized. Enter the actual or estimated total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for “observation only” are only included if they miss a day of work.

b. Block 21b, Day lost not hospitalized. Enter the estimated or actual number of days this individual will be away from work (totally unable to perform any work, on bed rest/quarters, convalescence leave, or time a physician indicated that the individual could not work regardless of whether the individual was scheduled to work). Count all calendar days including weekends and holidays. For example, if the individual was injured on Friday and the individual could work on Monday, if the physician or licensed health care professional indicated they should not work over the weekend, enter 2 days. If there is no information from the physician, enter 0 days. No more the 180 calendar days are required to be annotated.

c. Block 21c, Days restricted. Enter the actual or estimated number of days the individual was unable to perform one or more routine job functions (regularly performed by the individual at least once per week), or could not work a full work day they would otherwise have been scheduled to work; or a physician or licensed health care professional recommends that the employee not perform one or more routine function of his/her job. Restricted work activities include light duty, profiles and job transfers.

d. Block 21d, Treated in ER. Check if this individual was treated in an emergency room, otherwise leave blank.

**22. Block 22.**

a. OSHA Log 300 Case Number. For injured personnel, enter the OSHA Log 300 case number for the individual listed in block 11. (Note: Does not apply to off-duty Army civilian personnel).

b. Enter the name of the physician or other health care professional who treated the individual. *Optional for military personnel.*

c. If treatment was given away from the worksite, enter the name and address of the facility.

**23. Block 23. Activity Code.** Enter the code that best describes this individual’s activity at the time of the accident. Complete block 38 if the activity is parachuting. (See DA Form 285, block 31, for Codes, and Glossary Section II and III of DA Pam 385-40 for explanation of activities.)

- A** Soldiering
- B** Combat soldiering
- C** Physical training
- D** Weapons firing/handling
- E** Engineering or construction
- F** Communication
- G** Security/law enforcement
- H** Fire-fighting
- I** Patient care
- J** Test/study/experiments
- K** Educational
- L** Information and art
- M** Food and drug inspection
- N** Laundry/dry cleaning services
- O** Pest/plant control
- P** Operating vehicle/vessel

- Q** Handling animal
- R** Maintenance/repair/ servicing
- S** Fabricating
- T** Handling material/ passengers
- U** Janitorial/housekeeping, grounds keeping
- V** Food/drink preparations
- W** Supervisory
- X** Office
- Y** Counseling/advisory
- Z** Sports
- AA** Hobbies
- BB** Passenger
- CC** Human movement
- DD** Horseplay
- EE** By-standing/spectating
- FF** Personal hygiene/ eating/sleeping
- GG** Parachuting

**24. Block 24.** Briefly describe this individual's activity at the time of the accident. For example, the Soldier was a right rear passenger in the vehicle at the time of the accident; the individual was performing maintenance on a split rim tire in the maintenance shop, etc.

**25. Block 25.** Personal Protective Clothing and Equipment (PPE). If PPE is not required and was not used, skip to block 26. Check block for the type of personal protective equipment that was required or used. Check "Yes" if it was available. Otherwise, check "No" and explain in block 40. Check "Yes" if the equipment was used. Otherwise, check "No." If it was not used and it was required and available, be sure to include the failure or error in the appropriate blocks and explain in block 40. NOTE: Restrain systems are those such as the Gunner's Restraint System in military vehicles.

**26. Block 26.** Check the appropriate box to indicate whether or not this individual's use of alcohol or drugs (include prescription, over the counter, supplements or illegal drugs) caused or contributed to the accident. If "Yes" is checked, explain in block 40.

**27. Block 27.** Equipment this Person was associated with. Enter the item number (e.g., #1, #2) from block 9 that indicates which piece of equipment this individual was associated with.

**28. Block 28.** Licensed to Operate Equipment.

a. Block 28a. If this individual was operating a vehicle or equipment (at the time of the accident) that required a license, complete the following information. Check the appropriate block. If no, skip to block 29.

b. Block 28b. Check "Yes" if the individual has attended the mandatory 4 hours of classroom instruction in traffic safety and indicate the date of the training. Otherwise, check "No."

c. Block 28c. If the individual was operating a motorcycle in this accident, check yes if the individual is motorcycle safety foundation certified and enter the date. Otherwise, check "No."

**29. Block 29.** Duty Hours.

- a. Block 29a. Enter the time the Soldier or employee began work.
- b. Block 29b. State how many continuous hours this individual was on duty without sleep before the accident.

**30. Block 30.** Hours Sleep. Enter the number of hours of sleep (cumulative) this individual had in the past 24 hours.

**31. Block 31.** Tactical Training. Indicate whether the activity listed in blocks 23 and 24 was part of tactical training. Field exercise and tactical training begin when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

**32. Block 32.** Type Training Facility. If the individual was participating in any type of training, enter the code for the type of training facility being used. If not applicable, leave blank.

Code/Facility

- A = Garrison
- B = Local training area
- C = Major training area
- D = NTC
- E = JRTC
- F = CMTC
- G = Standard range facility/live fire
- H = Other (specify)

**33. Block 33.** Last Training. For the activity specified in blocks 23 and 24, enter the number of months since the last time the individual received training prior to the accident.

**34. Block 34.** Named exercise. Check “Yes” if activity listed in blocks 23 and 24 was part of a field exercise or a named operation. Indicate the name of the exercise or operation (major and local field training exercise) if it has a name (e.g., Team Spirit, Gallant Eagle). Check “No” if activity was not part of a field exercise or named operation.

**35. Block 35.** Night Vision System. Indicate if night vision systems (devices) were being used by this individual at the time of the accident (e.g., night vision goggles, AN/PVS–5–A). If used, specify the type. If they caused or contributed to the accident, explain in Block 40.

**36. Block 36.** Individual Mistake(s) that Caused/Contributed to the accident or severity of injury or occupational illness/damage.

a. Block 36a. In your opinion, did this individual make a mistake(s) that caused and/or contributed to the accident? If the answer is YES, complete Blocks 36b, 36c, and Block 37. If NO, skip to Block 39.

b. Block 36b. Enter the code from Appendix B, Table B-2, which best indicates the type of mistake made by this individual.

c. Block 36c. Describe the mistake and how it caused/contributed to the accident. Be specific; e.g., block 36a = “YES”; block 36b = “52”; block 36c = “M109A3 howitzer driver trainee was being ground guided into parking space. When given the signal to stop, driver moved his foot left to apply brakes and depressed upper level of accelerator pedal instead

(improper braking—improper foot placement on pedal). Consequently, the vehicle ran over the ground guide’s foot and fractured it.”

**37. Block 37.** Why the Mistake(s) was made (system inadequacies/root cause). Mistakes can be caused by shortcomings of support, standards/procedures, training, leaders, or the individual. Specific causes include:

- Support - Shortcomings in type, capability, amount or condition of equipment, supplies, services, facilities, and number and type personnel.
- Standards/procedures - Standards/procedures not clear or not practical or standards/procedures do not exist.
- Training - School training, Unit training, or Experience/On-the-Job training insufficient in content/amount.
- Leader - Direct, Unit Command, or Higher Command Supervision not ready, willing, or able to enforce known standards.
- Individual - Soldier knows and is trained to standard but elects not to follow standard (self-discipline—mistake due to own personal factors).

a. Block 37a. Identify why the mistake was made (specific root cause(s)). See Appendix B for definitions. Enter the mistake number in the box next to the associated root cause.

b. Block 37b. Describe the root cause(s) and tell how it/they caused the mistake. See Appendix B, for explanations. For example, if block 37a = “Support - Equip/Materiel Improperly Designed,” then block 37b might say something like, “Design of accelerator pedal on M109 series, unlike M110, consists of two distinct levels with upper level immediately adjacent to brake pedal. As a result, when M109A3 howitzer driver was given the signal to stop, he moved his foot left to apply brakes and depressed upper level of accelerator pedal instead (improper braking—improper foot placement on pedal).”

**38. Block 38.** Parachuting information. If the activity for the individual listed in block 11 is parachuting, complete blocks 38a through q.

a. Jumper Height – In inches (example - 5’8” would be 68”)

b. Jumper Weight – In pounds (round up at > 1/2 lb or 8 ozs, example - 168 1/2 lbs would be rounded up to 169 lbs)

c. Type of Jump – Static line, non-tactical; static line, mass tactical (night or day); freefall, non-tactical; freefall, tactical (night and day)

d. Parachute Type/Model – Self explanatory

e. Equipment – List type equipment (For example, rucksack (ALICE), weapon, LBE, AIR PAC)

f. Weight of Equipment – Give approximate weight of jumper’s equipment, in pounds

g. Wind Direction/Speed - Jump height, drop zone – What was the wind direction (in degrees) and speed (in knots) at jump altitude and on ground when jumper exited aircraft?

h. Jump Altitude – Altitude jumpers’ exited aircraft (in feet)

i. Position in the Stick – What number in stick was jumper to exit the door?

j. Door Exited – Self explanatory

k. Time Pre-jump Conducted – Date and time (time in Zulu)

l. Date of Last Jump – Self explanatory

m. Type of Last Jump – See letter c above

n. Number of Previous Jumps – Self explanatory

o. Date Graduated from Basic Airborne Training – (yyyymmdd)

p. Type Aircraft – Self explanatory

q. Accident Factors (parachute) - improper exit, static line injury, broken static line, parachute

malfunction, entanglement, lost/stolen air, oscillation, unstable position, dragged on drop zone, tree landing, drop zone hazard (specify), or other. Explain as necessary.

**39. Block 39.** Environmental conditions. Enter the code(s) (no more than three from the list below) to indicate the conditions present at the time of the accident. Also indicate if the condition caused or contributed to the accident by checking the Caused/Contributed block and, if YES, explain in Block 40.

Code/Condition

- A = Clear/dry
- B = Bright/glare
- C = Dark/dim
- D = Fog/condensation/frost
- E = Mist/rain/sleet/hail
- F = Snow/ice
- G = Dust/fumes/gasses/smoke/vapors
- H = Noise/bang/static
- I = Temperature/humidity (cold/heat)
- J = Storm/hurricane/tornado
- K = Wind/gust/turbulence
- L = Vibrate/shimmy/sway/shake
- M = Radiation/laser/sunlight
- N = Holes/rocky/rough/rutted/uneven
- O = Inclined/steep
- P = Slippery (not due to precipitation)
- Q = Air pressure (bends, decompression, altitude, hypoxia)
- R = Lightning/static electricity/grounding
- S = Electromagnetic radiation (EMR)
- T = OTHER (specify)

**40. Block 40.** Synopsis. Provide a brief synopsis of the accident explaining what and how the accident happened. If need be, continue on a separate sheet of paper annotating the block number and attach it to the report. The synopsis should include the events leading up to the accident, the actual accident sequence, and the post accident scene and actions. For example, if a Soldier was involved in an off-duty POV accident, be sure to indicate where the Soldier was going, where he/she was coming from, etc. Also, please include the following information:

**FOR on-duty accidents:**

- At what level was the mission/training conducted (individual, crew, squad, platoon, company, battalion, brigade, etc.)?
- Was composite risk management performed (CRM)?
  - Who performed (rank/position)?
  - Who accepted the risk (rank/position)?
  - What was the level of risk after controls were applied (Low, Moderate, High, Extremely High)?
  - How was the CRM process communicated? (Select one or more of the following: order/worksheet/verbal brief/not communicated)
  - Was the accident event identified or considered during the CRM process (Yes/No)?
  - If yes, what was the identified level of risk (Low, Moderate, High, Extremely High)?
  - If yes, who was responsible for implementing control(s) (rank/position)?

- If yes, was the accident event accepted as residual risk (Yes/No)?
- Who was in charge during the mission/training (rank/position)?
- Who was the senior leader present during the mission/training (rank/position)?

**FOR off-duty accidents:**

- Indicate whether the Soldier was on leave, pass, or PCSing, or TDY? If so,
  - How long was the Soldier on leave/Pass when the accident occurred?
  - Did the accident occur while the Soldier was enroute to/from his/her destination?
- Was the Soldier deployed within the 365 days prior to the accident (yes/no)? If yes,
  - When did the Soldier return from the deployment?
  - Where was the deployment?
  - How long was the deployment?
- Was the Soldier recently notified that he/she would deploy soon?
- Was there leader contact prior to the accident (yes/no)? If yes,
  - What level of leadership?
  - What type of contact (brief, ASMIS-1, trip planning, counseling, vehicle inspection, other)
- Did the Soldier have a history of risky behavior, such as recurring traffic violations, negative counseling, extreme sports or hobbies, violent acts, or other dysfunctional events?
  - Were there other factors such as abrupt changes to training rotations or assignments that might have encouraged celebratory bingeing behavior (yes/no)? (That is, grabbing as much “fun” as possible because uncertainties in training or deployment status give the Soldier little stability to plan when he/she might have another chance for off-duty pleasures.) If so, comment.

**41. Block 41.** Corrective Action(s) Taken or Planned. Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (see Appendix B).

**42. Block 42.** Explosive/Ammunition. If block 7 was checked “Yes,” complete blocks (a through d) as appropriate; lot numbers, quantity, net explosive weight (NEW) of all ammunition and explosives involved, and DODIC or DODAC.

**Note:** If the explosive/ammunition was exposed to significant environmental conditions, the environmental conditions should be checked in block 39, and an explanation of the conditions and their effect on the explosive/ammunition should be provided in the synopsis. Significant environmental conditions include the following: extremely high/low temperatures; electromagnetic environmental effects (E<sup>3</sup>); e.g., radiated energy (RFI) (such as being in close proximity to a radar site), electromagnetic energy (EMR), electrostatic energy or high voltage; water or high humidity; or prolonged exposure to direct sunlight.

**43. Block 43.** Point of Contact.

- a. Block 43a. Enter the name, rank, and position of the individual from the unit/organization who can answer questions about this accident report.
- b. Block 43b. Enter the phone number for the individual listed in 43a.
- c. Block 43c. Enter the AKO email address for the individual listed in block 43a.

**44. Block 44.** Command Review. As locally required.

**45. Block 45.** Safety Office Review.

a. Block 45a. Enter the name, rank and title of the safety office reviewing official (usually the next higher office from individual in block 43).

b. Block 45b. Enter the DSN and commercial phone number of the safety office reviewing official.

c. Block 45c. Enter the AKO email address of the individual listed in 45a.

d. Block 45d. Enter the date the report was reviewed.

e. Block 45e. Enter the local report number (safety office use only).

**Table 4-2**  
**Army Branches**

Army Branch	Abbreviation
Adjutant General	AG
Air Defense Artillery	AD
Armor	AR
Army Medical Specialist Corps	SP
Army Nurse Corps	AN
Aviation	AV
Chaplain	CH
Chemical	CM
Dental Corps	DC
Engineers	EN
Field Artillery	FA
Finance Corps	FC
Infantry	IN
Judge Advocate General's Corps	JA
Medical Corps	MC
Medical Service Corps	MS
Military Intelligence	MI
Military Police	MP
Ordnance	OD
Public Affairs	PA
Quartermaster Corps	QM
Signal Corps	SC
Special Forces	SF
Transportation Corps	TC
Veterinary Corps	VC

**Table 4-3**  
**Types of Accident Locations**

Code	Type	Location
Maintenance/fabrication facility		
A1	Vehicle facility	(motor pool, maintenance shop)
A2	Aircraft facility	(hangar)
A3	Vessel facility	(boat overhaul/rebuild facility)
A4	Engineer facility	(carpentry/electrical/plumbing shop)
A5	Other maintenance facility	
Travel ways		
B1	Pedestrian way	(sidewalk)
B2	Vehicle trail	(tank trail)
B3	Roadway	(street, curb, shoulder, driveway)
B4	Parking lot	
B5	Aircraft way	(flight line, runway)
B6	Railroad	
Other operational facilities/areas		
C1	Office building	
C2	Communications facility	
C3	Construction site	
C4	Security/law-enforcement facility	
C5	Bridge	

- C6 Dam
  - C7 Navigation locks
  - C8 Barge
  - C9 Dredge
  - C10 Floating plant
  - C11 Vessel (not elsewhere coded)
  - C12 ARNG/Reserve armory
- 

#### Training Areas

- D1 Range—small arms/individual weapons
  - D2 Range—crew-served weapons
  - D3 Range—aerial firing/bombing
  - D4 Range—infiltration course
  - D5 Dedicated nonfiring training area (obstacle/confidence course, parachute drop zone, landing zone, stagefield)
  - D6 Temporary training area (unit assembly area, bivouac area)
  - D7 Range—EOD
  - D8 Range—Tirehouse
  - D9 Urban Training
- 

#### Service facilities

- E1 Library
  - E2 Chapel/church
  - E3 Child-care center
  - E4 Post office
  - E5 Laboratory
  - E6 Medical care facility
  - E7 Fire station
  - E8 Commissary
  - E9 Post exchange
  - E10 Dining facilities
  - E11 Post exchange, service station, gas station
  - E12 Museum
  - E13 Animal-care facility
  - E14 Refuse disposal area
  - E15 Laundry/cleaning facility
- 

#### Terrain and water locations

- F1 Sloped terrain (ditch, mountain)
  - F2 Wooded terrain (forest, swamp, marsh)
  - F3 Open terrain (field, desert)
  - F4 Moving bodies of water (creek, stream, river)
  - F5 Standing bodies of water (pond, lake, ocean)
  - F6 Lake shore/beach
- 

#### Storage facilities

- G1 Storage buildings (ammunition bunker, warehouse, barn, storage shed)
  - G2 Outside storage area (POL dump, property disposal area)
- 

#### Plants and factories

- H1 Heating plant
  - H2 Printing plant
  - H3 Electric generating plant (includes power substations)
  - H4 Ammunition/weapons manufacturing plant
  - H5 Other industrial plants and factories
- 

#### Recreation/entertainment facilities

- I1 Indoor facilities (bowling alley, gym, movie theater, swimming pool)

I2	Outdoor facilities (playing fields, golf course, swimming pool)
Housing facilities	
J1	Family housing
J2	Individual housing (BOQ, barracks, rooms)
Freight and passenger terminals	
K1	Airport/airfield (includes control tower)
K2	Rail station/yard
K3	Port/dock/wharf
K4	Vehicle terminal (bus station, truck terminal)
School facilities	
L1	Kindergarten through grade 12
L2	Army–operated technical/occupational training facilities/classrooms (aviation/maintenance school)
L3	Non–Army–operated technical/occupational training facilities/classrooms (university/college classes)
Hobby shop	
M1	Auto hobby shop
M2	Woodworking hobby shop
M3	Other hobby shop

**Table 4–4**  
**Pay Grade/Rank Codes**

Grade/Code	Description
01–10	Commissioned officer
W1–W5	Warrant officer
E1–E9	Enlisted service member
GS1–GS18 & GM13–GM18	DOD civilian employee
WG1–WG18 & WS13–WS18	Wage board employee
NSPS	National Security Personnel System
XN	Foreign National
X–1	Foreign officer
X–2	Foreign enlisted
CAC	Contractor employee
CIV	Non–DOD civilian
DAC	Department Army Civilian
KAD	USMA
ROTC	ROTC students
NRPT	Not Reported
OC	WOC/OC
UNK	Unknown
UNKE	Unknown Enlisted
UNKO	Unknown Officer
OTH	Personnel other than above

**Table 4–5**  
**Personnel Classification Codes**

Code	Description
A	Active Army
B	Army civilian
C	Army contractor
C1	Army direct contractor
D	Non-appropriated Fund employee
E0	Other US military personnel
E1	Navy
E2	Air Force
E3	Marine Corps
F0	Foreign Military
F1	Foreign National Direct Hire
F2	Foreign National Indirect Hire
F3	Foreign National KATUSA
F4	Foreign Military Attached
G	Dependent
M	Government, Other
NO	National Guard
N1	NG Tech
N2	NG IDT
N3	NG AT
N4	NG ADSW
N5	NG AGR
N6	NG ADT
N7	NG Activated
O	Other
P	Public
RO	Reserve
R1	Reserve IDT
R2	Reserve AT
R3	Reserve ADT
R4	Reserve FTM
R5	Reserve Tech
R6	Reserve Activated
R7	Reserve AGR
T	ROTC
U	Unknown
Z	Not reported

## Example of completed DA Form 285-AB, Page 1 Abbreviated Ground Accident Report (AGAR)

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) <small>For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA</small>						REQUIREMENTS CONTROL SYMBOL CSOCS-308					
1. TIME & DATE OF ACCIDENT		a. Yr 2008	b. Mth 05	c. Day 10	d. Time 0015	2. PERIOD OF DAY <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn		3. ACDT CLASS B	4. COMBAT STATUS <input type="checkbox"/> Combat <input checked="" type="checkbox"/> Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) WBAWB0		b. Unit Address B Co, A-111 BN, Fort Fun, CA 33356			c. Unit's Branch TC		5d. Army HQ's FORSCOM		
6. LOCATION OF ACCIDENT		a. Exact Location Corner of A and B street, Ft. Fun, CA				b. Type Location B3 (insert code from DA Pam 385-40)		6c. Grid Coordinates/Lat-Long MJ123456			
d. State/Country California/USA			e. <input type="checkbox"/> Off Post <input checked="" type="checkbox"/> On Post Name: Ft. Fun, CA.				7. EXPLOSIVES/AMMO INVOLVED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
8. MISSION		a. Briefly describe the mission. Off-duty						b. METL Task? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED											
#1	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
	POV		Honda/Accord 4dr.		VIN #		SGT Smith (POV)		\$0.00		7 & 6
	Materiel Failure/Malfunction Information (Blks 9g-9l)										
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code		l. EIR/QDR Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No
#2	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
	Materiel Failure/Malfunction Information (Blks 9g-9l)										
		g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code	
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)								b. Describe how the materiel failed/malfunctioned and explain why (root cause).			
a.		LEADER (Not ready, willing, or able to enforce standards)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Short comings in type, capability, amount or condition of equip/supplies/services/facilities)					
<input type="checkbox"/> Direct Supervision		<input type="checkbox"/> AR <input type="checkbox"/> SOP		<input type="checkbox"/> Equip/Materiel Improperly Designed		<input type="checkbox"/> Inadequate Manufacture					
<input type="checkbox"/> Unit Command Supervision		<input type="checkbox"/> TM <input type="checkbox"/> Other		<input type="checkbox"/> Equip/Materiel Not Provided		<input type="checkbox"/> Inadequate Maintenance					
<input type="checkbox"/> Higher Command Supervision		<input type="checkbox"/> FM <input type="checkbox"/> None Exists		<input type="checkbox"/> Inadequate Facilities/Services		<input type="checkbox"/> Other					
11a. NAME (Last, First, MI) (include Address and UIC if different than Blks 5a and 5b.)  Smith, Joey K.				12. SSN  111-22-2333		13a. PERSONNEL CLASSIFICATION  A		13b. DATE ASSIGNED/HIRED (YYYYMMDD)  20061112			
11b. HOME ADDRESS  8900 K Street Avonville, CA 31111				13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD)  20070922		14. MOS/JOB SERIES  88P20		15a. DUTY STATUS <input type="checkbox"/> On-duty <input checked="" type="checkbox"/> Off-duty		15b. IF OFF DUTY (if on leave/pass) <input type="checkbox"/> Leave <input checked="" type="checkbox"/> Pass Date from (YYYYMMDD) 20080509 Date to (YYYYMMDD) 20080512	
				16. DOB (YYYYMMDD)  19830110		17. GENDER  M		18. PAY GRADE  E-5		19. FLIGHT STATUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Example of completed DA Form 285-AB, Page 2  
Abbreviated Ground Accident Report - Continued**

20. MOST SEVERE INJURY (See Instructions)		a. Degree <u>C</u>	Date of Death (YYYYMMDD)	b. Type <u>F</u>	c. Body Part <u>B</u>	d. Cause <u>A</u>
21. LOST TIME		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.				
a. Days Hospitalized	90	23. ACTIVITY CODE (If activity is parachuting, complete Blk 36)	P	24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK  Service member was operating his POV at the time of the accident.		
b. Days lost not Hospitalized	30					
c. Days Restricted	180					
d. Treated in ER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
22a. OSHA Log 300 Case No.						
b. Name of Physician						
c. Name and Address of Treatment Facility						
25. PERSONAL PROTECTIVE EQUIPMENT		AVAILABLE?	USED?		N/A	
CHECK APPROPRIATE BLOCK(S)		Yes	No	Yes	No	
<input checked="" type="checkbox"/> a. Seat Belt		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. Restraint System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. Goggles/glasses/visor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Gloves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. Ear Plugs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. IBA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> g. Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> h. Helmet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Approved (if Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/>						
26. ALCOHOL/DRUGS CAUSE/CONT		27. EQUIP THIS PERSON WAS ASSOCIATED WITH?				
<input type="checkbox"/> Yes BAC % <u>0.09</u> <input type="checkbox"/> No <input type="checkbox"/> Unknown		(Enter Item No. from Blk 9)		#1		
28a. LICENSED TO OPERATE EQUIPMENT		28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: <u>20080122</u>				
28c. MSF CERTIFIED		29. DUTY HOURS				
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		a. Time work began (e.g., 0645): <u>0605</u>				
		b. Continuous hours: <u>12</u>				
30. HRS SLEEP LAST 24		31. TACTICAL TRAINING		32. TYPE TRAINING FACILITY		33. LAST TRAINING
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
34. FIELD EXERCISE/NAMED OPERATION		35. NIGHT VISION SYSTEM USED				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide name: _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide type: _____				
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.						
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service member traveled at excessive speed in contravention to the posted speed limit. The soldier was traveling approximately 60-70 MPH in a 30 MPH zone.				
b. Code		Driver was unable to control vehicle on the curving road.				
40						
37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)						
a.	LEADER (Not ready, willing, or able to enforce standards)	TRAINING (Insufficient in Content/Amount)	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)	INDIVIDUAL (Mistake due to own personal factors)
<input checked="" type="checkbox"/>	Direct Supervision	<input type="checkbox"/> School	<input type="checkbox"/> AR	<input type="checkbox"/> SOP	<input type="checkbox"/> Equip/Material Improperly Designed	<input type="checkbox"/> Inadequate Manufacture
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/> Unit	<input type="checkbox"/> TM	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Material Not Provided	<input type="checkbox"/> Inadequate Maintenance
<input type="checkbox"/>	Higher Command Supervision	<input type="checkbox"/> Experience, OJT	<input type="checkbox"/> FM	<input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities/Services	<input type="checkbox"/> Other
						<input type="checkbox"/> Poor/Bad Attitude <input checked="" type="checkbox"/> Fatigue
						<input checked="" type="checkbox"/> Overconfident <input type="checkbox"/> Alcohol, Drugs
						<input checked="" type="checkbox"/> In a Hurry <input type="checkbox"/> Fear/Excitement



## Example of completed DA Form 285-AB, Page 1 Civilian Example

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) <small>For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA</small>						REQUIREMENTS CONTROL SYMBOL CSOCS-308					
1. TIME & DATE OF ACCIDENT		a. Yr 2008	b. Mth 07	c. Day 21	d. Time 1033	2. PERIOD OF DAY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn		3. ACDT CLASS B	4. COMBAT STATUS <input type="checkbox"/> Combat <input checked="" type="checkbox"/> Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) WXMSA0		b. Unit Address 44th Engineer BN, Ft. Bragg, NC XXXXX		c. Unit's Branch EN		5d. Army HQ's FORSCOM			
6. LOCATION OF ACCIDENT		a. Exact Location EOD Bomb House, Range 99 - R5311				b. Type Location D7		5c. Grid Coordinates/Lat-Long 38S1911321245			
d. State/Country Fayetteville		e. <input type="checkbox"/> Off Post <input checked="" type="checkbox"/> On Post Name: Fort Bragg, NC				7. EXPLOSIVES/AMMO INVOLVED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
8. MISSION		a. Briefly describe the mission. Setting up EOD training house for next day operations						b. METL Task? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED											
#1	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
	Hand grenade		MK2 FRAG		Unknown		US Army				NA
	Materiel Failure/Malfunction Information (Bliks 9g-9l)										
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code		l. EIR/QDR Submitted
	M07		Grenade Hand, Frag MK2		MIL-G-20562		NSN 1330-00-028-5837				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
#2	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
	EOD Facility		Locally built				DA		\$26,852.00		
	Materiel Failure/Malfunction Information (Bliks 9g-9l)										
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code		l. EIR/QDR Submitted
	M15										<input type="checkbox"/> Yes <input type="checkbox"/> No
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blik 10a. In Blik 10b, explain how the root causes(s) led to the materiel failure/malfunction.)								b. Describe how the materiel failed/malfunctioned and explain why (root cause).			
a. LEADER (Not ready, willing, or able to enforce standards)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Short comings in type, capability, amount or condition of equip/supplies/services/facilities)				Grenade failed on initial use and failed to explode, and it was not recovered. Dnd grenade was struck by worker while performing repairs on training facility and burst. Worker was injured (PPD) and portions of the facility failed to work as designed, and will need repairs before further use is authorized.			
<input type="checkbox"/> Direct Supervision		<input type="checkbox"/> AR <input type="checkbox"/> SOP		<input type="checkbox"/> Equip/Materiel Improperly Designed		<input type="checkbox"/> Inadequate Manufacture					
<input type="checkbox"/> Unit Command Supervision		<input type="checkbox"/> TM <input type="checkbox"/> Other		<input type="checkbox"/> Equip/Materiel Not Provided		<input checked="" type="checkbox"/> Inadequate Maintenance					
<input type="checkbox"/> Higher Command Supervision		<input type="checkbox"/> FM <input type="checkbox"/> None Exists		<input type="checkbox"/> Inadequate Facilities/Services		<input checked="" type="checkbox"/> Other					
11a. NAME (Last, First, MI) (Include Address and UIC if different than Bliks 5a and 5b.)			12. SSN		13a. PERSONNEL CLASSIFICATION		13b. DATE ASSIGNED/HIRED (YYYYMMDD)				
Pacwa, Roger I. Bldg 4905, Smoke Bomb Hill Ft. Bragg, NC WAMSA0			321-45-0987		B		20010613				
11b. HOME ADDRESS			13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD)		14. MOS/JOB SERIES		15a. DUTY STATUS		15b. IF OFF DUTY (if on leave/pass)		
123 Albacorn Ln. Spring Lake, NC 23344					GS-0802		<input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty		<input type="checkbox"/> Leave <input type="checkbox"/> Pass Date from (YYYYMMDD) Date to (YYYYMMDD)		
16. DOB (YYYYMMDD)			17. GENDER		18. PAY GRADE		19. FLIGHT STATUS				
19491212			M		GS-9		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

## Example of completed DA Form 285-AB, Page 2 Civilian Example

20. MOST SEVERE INJURY (See Instructions)		a. Degree <u>C</u>	Date of Death (YYYYMMDD) _____	b. Type <u>C</u>	c. Body Part <u>O</u>	d. Cause <u>B</u>	
21. LOST TIME		ACTIVITY OF INDIVIDUAL Provide code (from list in Instructions) and describe in space below.					
a. Days Hospitalized	12	23. ACTIVITY CODE (if activity is parachuting, complete Blk 38)  R		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK  Setting up the EOD explosive training facility for next day training operations.			
b. Days lost not Hospitalized	30						
c. Days Restricted	90						
d. Treated in ER	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
22a. OSHA Log 300 Case No.	24						
b. Name of Physician		Dr. Rashish					
c. Name and Address of Treatment Facility		Fayetteville Hospital Owen Drive and All American					
25. PERSONAL PROTECTIVE EQUIPMENT		AVAILABLE?	USED?		26. ALCOHOL/DRUGS CAUSE/CONT		
CHECK APPROPRIATE BLOCK(S)		Yes	No	Yes	No	N/A	
<input type="checkbox"/> a. Seat Belt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> b. Restraint System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> c. Goggles/glasses/visor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> d. Gloves		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> e. Ear Plugs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> f. IBA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> g. Other (Specify) Hard Hat		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> h. Helmet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DOT Approved (If Motorcycle)?		Yes	No				
		<input type="checkbox"/>	<input type="checkbox"/>				
27. EQUIP THIS PERSON WAS ASSOCIATED WITH?				28. ALCOHOL/DRUGS CAUSE/CONT			
(Enter Item No. from Blk 9)				<input type="checkbox"/> Yes BAC % _____ <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Training Facility				28a. LICENSED TO OPERATE EQUIPMENT			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				28c. MSF CERTIFIED			
				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____			
				29. DUTY HOURS			
				a. Time work began (e.g., 0645): 0730			
				b. Continuous hours: 3 hrs			
28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING				30. HRS SLEEP LAST 24			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____				7			
				31. TACTICAL TRAINING			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				32. TYPE TRAINING FACILITY			
				B/G			
				33. LAST TRAINING			
				8 months ago			
34. FIELD EXERCISE/NAMED OPERATION							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide name: _____							
35. NIGHT VISION SYSTEM USED							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide type: _____							
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from Instructions) in Blk b and describe in Blk c.							
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Individual failed to visually check the work area prior to conducting site setup at the bomb training facility. Upon moving internal structure within room 6a, an UXO fell from the top and exploded. Building and rooms should have been physically and visually inspected prior to work.					
b. Code							
01							
37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)							
a.	LEADER (Not ready, willing, or able to enforce standards)	TRAINING (Insufficient in Content/Amount)	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)
<input checked="" type="checkbox"/>	Direct Supervision	<input type="checkbox"/> School	<input type="checkbox"/> AR	<input type="checkbox"/> SOP	<input type="checkbox"/> Equip/Materiel Improperly Designed	<input type="checkbox"/> Inadequate Manufacture	<input type="checkbox"/> Poor/Bad Attitude <input type="checkbox"/> Fatigue
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/> Unit	<input type="checkbox"/> TM	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Materiel Not Provided	<input checked="" type="checkbox"/> Inadequate Maintenance	<input checked="" type="checkbox"/> Overconfident <input type="checkbox"/> Alcohol, Drugs
<input type="checkbox"/>	Higher Command Supervision	<input type="checkbox"/> Experience, OJT	<input type="checkbox"/> FM	<input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities/Services	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> In a Hurry <input type="checkbox"/> Fear/Excitement



For questions regarding ground accident reporting contact:  
(334) 255-2325/2256 or DSN 558-2325/2256

TO OBTAIN A COPY OF THE BLANK DA FORM 285 AB, CLICK ON THE  
FOLLOWING SITE:

<http://www.apd.army.mil/> or <https://safety.army.mil/>

VISIT THE UNITED STATES ARMY COMBAT READINESS/SAFETY CENTER  
HOME PAGE:

<https://safety.army.mil>

VISIT THE ARMY RISK MANAGEMENT INFORMATION SYSTEM (RMIS):

<https://rmis.army.mil/>

ELECTRONICALLY SUBMIT THE AGAR TO

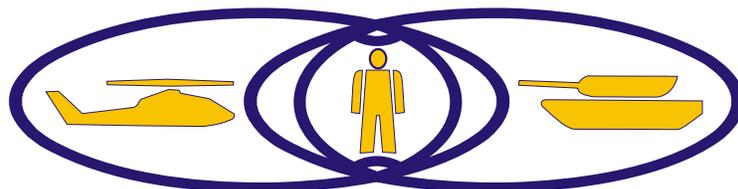
[accidentinformation@conus.army.mil](mailto:accidentinformation@conus.army.mil) or  
[accidentinformation@crc.army.mil](mailto:accidentinformation@crc.army.mil) or via

Digits through

[https://crc.army.mil/Loss\\_Reporting/LRAS\\_accident.html](https://crc.army.mil/Loss_Reporting/LRAS_accident.html)

REACH THE USACRC HELP DESK AT

[HelpDesk@conus.army.mil](mailto:HelpDesk@conus.army.mil) or  
[HelpDesk@crc.army.mil](mailto:HelpDesk@crc.army.mil)



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