

## WORKSHEET FOR TELEPHONIC NOTIFICATION OF AVIATION ACCIDENT/INCIDENT

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

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 Collins, Jeremy					
Duty	<input type="checkbox"/> Commander <input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Safety Officer	c. Phone Number	DSN:	Commercial: (719) 516-0107		
2. ACCIDENT CLASSIFICATION <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		3. TIME & DATE OF ACCIDENT a. Year: 2020    b. Month: 08    c. Day: 25    d. Time (local):			4. AIRCRAFT SERIAL NUMBER 1000		5. TYPE OF AIRCRAFT CH47
6. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night		7. MISSION BEING PERFORMED a. Type (Training, Svc, etc.) Sling load training				b. Operation <input checked="" type="checkbox"/> Single-Ship <input type="checkbox"/> Multi-Ship	8. NOE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. NIGHT VISION DEVICE a. In Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		b. If Yes <input type="checkbox"/> ANVIS <input type="checkbox"/> FLIR <input type="checkbox"/> AN/PVS-5 <input type="checkbox"/> LLTV		10. UNIT OWING AIRCRAFT B Co 7-158th GSAB		11. MACOM USARC	
12. MILITARY INSTALLATION NEAREST ACCIDENT SITE Ft Leavenworth KS				13. EXACT ACCIDENT LOCATION KFLV			
CHECK "YES" or "NO" FOR QUESTIONS 14 THROUGH 19				Yes	No	21. PERSONNEL INVOLVED	
14. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. No. of Personnel by Rank/Category 1 Officer    WO 1 Enlisted    2 Army Civilian Non-Army Civilian	
15. IF YES TO #14, ARE THEY SECURE?				<input type="checkbox"/>	<input type="checkbox"/>	b. Total No. of Personnel	
16. ACCIDENT SITE SECURED IAW AR 385-10?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Highest Rank Cpt	
17. HAS ACCIDENT SCENE BEEN DISTURBED?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. INJURIES (Enter # of each) 0 Fatalities 0 Non-Fatal Injuries	
18. IF YES TO #17, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?				<input type="checkbox"/>	<input type="checkbox"/>	As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.	
19. FLIGHT DATA RECORDER INSTALLED?				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. CLEARANCE WAS: <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR							
23. ACCIDENT SYNOPSIS (What Happened) EXERCISE EXERCISE EXERCISE During sling load training conducted at KFLV Aircraft 08775 came down on top of the block that was being used for training. This caused a one foot diameter puncture in the left side main fuel cell. The crew set the aircraft down and call the emergency responders at Ft. Leavenworth to respond to the fuel spill. The crew has been escorted to Munson Army Health center for specimen recovery. There were no injuries during the incident. Preliminary cost is \$120,000. A class C incident.							
24. NEWS MEDIA AWARE OF ACCIDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. NEAREST AIRFIELD a. Nearest that can handle C-12 (4,000 ft. min.) KFLV b. Nearest commercial airfield KMCI					
26. WHO WILL INVESTIGATE?		a. Installation Level Accident Investigation (IAI) Board Appointed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		b. CAI Team Dispatched <input type="checkbox"/> Yes <input type="checkbox"/> No		Team:	