

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)

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

REQUIREMENT CONTROL SYMBOL
CSOCS-308

1. TIME & DATE OF ACCIDENT										a. Yr		b. Mth		c. Day		d. Time		2. PERIOD OF DAY		Day	Night	3. ACDT CLASS		4. ACDT OCCURRED DURING:		Combat	Non-Combat													
5. UNIT IDENTIFICATION					a. UIC (6-digit Code)										b. Name of Unit										c. Unit's Branch					d. MACOM										
6. LOCATION OF ACCIDENT															a. Exact Location (Detailed enough to locate site)										b. Type Location															
c. State/County					d. Off Post					On Post Name:					7. EXPLOSIVES/AMMO		a. Present	Yes	No	b. Involved	Yes	No																		
8. MISSION															a. Briefly describe the mission										b. METL Task?					Yes	No									
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED															Materiel Failure/Malfunction Information																									
a. Type of Item (Nomenclature)			b. Model #		c. Ownership		d. Estimated Cost of Damage		e. Vehicle Collision		f. Failure Mode		g. Part Nomenclature		h. Part #		i. Part NSN		j. Part Manufacturer Code		k. EIR/QDR Submitted																			
#1																			Yes		No																			
#2																			Yes		No																			
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the materiel failure/malfunction.)															b. Describe how the materiel failed/malfunctioned and explain why (root cause)																									
a. LEADER (Not ready, willing to enforce standards)					STDS/PROCEDURES (Not clear, Not practical)					SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)																														
Direct Supervision					AR		SOP		Equip/Materiel improperly designed					Inadequate Manufacture																										
Unit Command Supervision					TM		Other		Equip/Materiel not provided					Inadequate Maintenance																										
Higher Command Supervision					FM		None exists		Inadequate Facilities/Services					Other																										
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a &b.)										12. SOCIAL SECURITY #					13. PERSONNEL CLASSIFICATION					14. MOS		15. DUTY STATUS		On-duty	Off-duty															
															16. AGE		17. SEX		18. PAY GRADE			19. FLIGHT STATUS		Yes	No															
										20. MOST SEVERE INJURY (See instructions)					a. Degree		b. Type		c. Body Part		d. Cause																			
21. DAYS HOSPITALIZED			23. CODE																			24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK																		
22. WORKDAYS			ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.																																					
a. Lost																																								
b. Restricted																																								
25. PERSONAL PROTECTIVE EQUIP										26. ALCOHOL/DRUGS CAUSE/CONT					Yes	No	Unk	27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a)																						
a. Required		b. Type of equip		c. Available		d. Used		28. LICENSED TO OPERATE EQUIP		29. HRS ON DUTY		30. HRS SLEEP		31. TACTICAL TRAINING		32. TYPE TRAINING FACILITY		33. LAST TRAINING		34. FIELD TRAINING EXERCISE		35. NIGHT VISION SYSTEM USED																		
<input type="checkbox"/> Yes <input type="checkbox"/> No		#1 _____ #2 _____		#1 _____ #2 _____		#1 _____ #2 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No		<input type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No																		
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? 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 <input type="checkbox"/> Yes <input type="checkbox"/> No			c. Tell what the mistake was and how it caused/contributed to the accident																																					
b. Code																																								

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 <i>(Not ready, willing to enforce standards)</i>	TRAINING <i>(Insufficient in Content/Amount)</i>	STDS/PROCEDURES <i>(Not clear/Not practical)</i>		SUPPORT <i>(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)</i>			INDIVIDUAL <i>(Mistake due to own personal factors)</i>	
	Direct Supervision	School	AR	SOP	Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue	
	Unit Command Supervision	Unit	TM	Other	Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs	
	Higher Command Supervision	Experience, OJT	FM	None exists	Inadequate Facilities/Services	Other	In a hurry	Fear/Excitement	
b. Describe root cause(s) (reason) and tell how it/they caused the mistake							38. ENVIRONMENTAL CONDITIONS		
							a. Present:		
							#1 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
							#2 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
							#3 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)									
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED									
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT									
a. Name (Last, First, MI)							b. Telephone # DSN: _____		
							COM: _____		
42. COMMAND REVIEW a. Name				c. Rank		43. SAFETY OFFICE REVIEW			b. Date
b. Signature				d. Date		a. Name			