

29 September 2005

Safety

Accident Reporting and Records

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\*This regulation supersedes AE Regulation 385-40, 24 June 2003.

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For the CG, USAREUR/7A:

E. PEARSON  
Colonel, GS  
Deputy Chief of Staff

Official:



GARY C. MILLER  
Regional Chief Information  
Officer - Europe

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**Summary.** This regulation—

- Prescribes policy on accident reporting and recordkeeping procedures in the Army in Europe.
- Provides supervisory responsibilities for reporting local national (LN) accidental injuries and occupational illnesses in Germany to the *Unfallkasse des Bundes*, which is the German Federal accident insurance agency.
- Provides instructions for completing AE Form 385-40A, AE Form 385-40B, and AE Form 385-40W.
- Directs units in the Army in Europe to use AE Form 385-40W instead of DA Form 285-W-R (para 6i).

**Summary of Change.** This regulation has been updated to include the most current terms and provide information on the Accident Reporting Automated System (ARAS) (para 7).

**Applicability.** This regulation applies to—

- U.S. Army Soldiers assigned or attached to USAREUR or IMA-EURO.
- U.S. Army Reserve and National Guard Soldiers supporting the Army in Europe.
- Department of the Army appropriated fund civilian employees in the Army in Europe.
- Appropriated and nonappropriated fund LN employees of U.S. Army activities and organizations residing on U.S. Army installations in Germany.
- Mobilized Soldiers and civilian employees.

**Supplementation.** Organizations will not supplement this regulation without USAREUR G1 (AEAGA-S) approval.

**Forms.** This regulation prescribes AE Form 385-40A, AE Form 385-40B, and AE Form 385-40W. AE and higher-level forms are available through the Army in Europe Publishing System (AEPUBS).

**Records Management.** Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at <https://www.arims.army.mil>.

**Suggested Improvements.** The proponent of this regulation is the USAREUR G1 (AEAGA-S, DSN 370-7751/8124). Users may suggest improvements to this regulation by sending DA Form 2028 to the USAREUR G1 (AEAGA-S), Unit 29351, APO AE 09014-9351.

**Distribution.** C (AEPUBS).

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### Glossary

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## 1. PURPOSE

This regulation—

a. Prescribes policy and procedures and assigns responsibilities for initial notification, investigating, reporting, and submitting reports of Army accidents and incidents in the Army in Europe, and for local national (LN) employee accidents in Germany.

b. Complies with DOD Instruction 6055.7 for accident reporting.

c. Provides tools to identify accident-cause factors, system deficiencies, and personnel and monetary losses.

## 2. REFERENCES

Appendix A lists references.

### 3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

### 4. RESPONSIBILITIES

a. The Safety and Occupational Health Office (SOHO) (AEAGA-S), Office of the Deputy Chief of Staff, G1, HQ USAREUR/7A, will—

(1) Develop policy for reporting accidents in the Army in Europe.

(2) Notify the United States Army Combat Readiness Center (USACRC) of all class A and B ground and class A through C aviation accidents in the Army in Europe.

(3) Coordinate host-nation (HN) participation in accident-investigation boards (para 6e).

b. Appointing authorities (para 6a) will select attendees for accident-investigation boards according to AR 385-40 and this regulation.

c. Commanders at all levels will—

(1) Report class A and B and class A through C aviation accidents (para 5).

(2) Develop preaccident plans (para 10).

### 5. REPORTING ACCIDENTS

a. Commanders will report class A and B on-duty ground, class A off-duty, and class A through C aviation accidents immediately through the appropriate chain of command by telephone to the USAREUR SOHO using DA Form 7305-R for aviation accidents and DA Form 7306-R for ground accidents.

(1) The USAREUR SOHO will notify the USACRC using the same forms when appropriate.

(2) The unit must provide an information copy of the accident report to its major Army command if other than USAREUR.

b. Completed class A and B on-duty ground and class A through C aviation-accident reports will be sent to the USAREUR SOHO within 60 days after the date of the accident.

c. Appendix B provides procedures for reporting accidental injuries and occupational illnesses of local national (LN) employees in Germany to the *Unfallkasse des Bundes*, which is the German Federal accident insurance agency. Appendix B also provides instructions for completing AE Form 385-40A and AE Form 385-40B.

### 6. ARMY ACCIDENT BOARDS

a. The appointing authority for all on-duty class A and B ground and class A through C aviation-accident boards is the general courts-martial convening authority (GCMCA) as defined in AE Regulation 27-10.

b. The approving authority for all on-duty class A and B ground and class A through C aviation accident boards will be the appointing authority.

c. The safety office of the appointing authority will complete an administrative review of all accidents not investigated by USACRC boards before the chain-of-command review to ensure the investigation complies with DA Pamphlet 385-40.

d. A civilian safety specialist (pay plan and occupational code GS-018 or GS-803) will be appointed as an adviser to all ground accident-investigation boards. If a civilian safety specialist is not available, an aviation safety officer or unit safety officer or noncommissioned officer (NCO) who has completed the 40-hour Safety Officer and NCO Course (SOC 40) will be appointed. An aviation safety officer (military or civilian) will be appointed to accident-investigation boards for all classes A through C aviation accidents.

e. Military or civilian HN authorities may be required by the Status of Forces Agreement (SOFA) or a standardization agreement (STANAG) to take part in Army accident investigations as nonvoting members. When this is the case, the USAREUR SOHO will coordinate attendance with the *General Flugsicherheit in der Bundeswehr* (this is the officer responsible for air-traffic safety) or *Bundesministerium der Verteidigung Wehrverwaltung IV5 (WBV IV5)* (Ministry of Defense Military Administration IV5).

f. For all on-duty class A and other selected accidents, accident-board presidents will brief the CG, USAREUR/7A, or a designated representative within 30 days after the accident. Coordination for the date and time of the briefing will be completed with the USAREUR SOHO (DSN 370-8084).

g. On-duty class A and B accidents involving DA civilians or LN employees employed by the Army (excluding contractor personnel) will be investigated using the same criteria as on-duty class A and B accidents involving Soldiers. Accident-board reports will be completed using the same criteria as accident-board reports involving Soldiers, but the appropriate Department of Labor (DOL) or LN employee accident-report forms (app A) will be used instead of DA Form 285-AB-R in the reports. DOL forms are available from the local civilian personnel advisory center. LN employee accident-report forms are available from local base support battalion (BSB) safety offices. If accidents involve employees under the terms of CTA II, the appropriate works council will participate.

h. Off-duty class A and B accidents will be reported according to AR 385-40. After every privately owned vehicle (POV) accident involving a fatality or serious injury, commanders will—

(1) Assess the accident with the casualty's chain of command.

(2) Determine what happened and how it could have been prevented.

(3) Take action to prevent similar accidents.

(4) Publicize lessons learned. A copy of the lessons learned must be sent through the chain of command to the USAREUR SOHO (AEAGA-S). DA Form 285-AB-R, block 39, must include three paragraphs: preaccident phase, accident phase, and postaccident phase (DA Pam 385-40).

i. AE Form 385-40W will be used instead of DA Form 285-W-R for all non-limited-use accident investigations where witness statements are collected. This applies to most accident investigations. Appendix C provides instructions for completing AE Form 385-40W.

## **7. ACCIDENT REPORTING AUTOMATED SYSTEM (ARAS)**

ARAS is the preferred method for reporting all class C and D ground and class D through F aviation accidents in the Army in Europe. All Army in Europe units will attempt to comply with this automated report submission requirement. Units with automation deficiencies or in a deployed status may submit hard-copy reports through normal reporting channels. ARAS access is available using Army Knowledge Online (AKO) credentials. The ARAS website provides online audiovisual tutorials and context-sensitive help screens. The ARAS website is at <https://crc.army.mil>. Approval and submission of accident reports are authorized at the company level. USAREUR major subordinate commands (AE Reg 10-5, app A) may issue supplemental guidance to require higher-level approvals before submission. Commanders will incorporate these procedures in unit standing operating procedures.

## **8. BIOCHEMICAL TESTING**

Biochemical (blood and urine) testing will be performed on all personnel involved in or contributing to class A, B, or C aviation accidents and on-duty class A, B, or C (property damage only) ground accidents. This paragraph is not applicable to CTA II employees. They are subject to German law. Collection, marking, packing, shipment, and analysis will be according to DA Pamphlet 385-40, appendix E. The following specimens will be collected according to AR 40-21:

a. Serum: 15 to 20 milliliters (ml) (no preservatives) (unhemolyzed).

b. Blood: 15 to 20 ml (sodium fluoride or ethylenediamine tetraacetic acid (EDTA)).

c. Urine: 50 ml is optimum (no preservatives).

## 9. MULTINATIONAL ACCIDENTS

a. The appointing and approving authorities and reporting requirements in paragraphs 5 through 8 will also apply when accidents or incidents involve U.S. equipment, facilities, or personnel and other national military forces.

b. U.S. Army commanders in separate United Nations or NATO organizations or facilities will—

(1) Develop procedures for notifying the appropriate agencies of other countries involved in accidents.

(2) Safeguard wreckage in an undisturbed condition and request HN authorities to help secure the accident site until the proper accident-investigation board completes the field investigation. If the wreckage must be moved, site documentation must be made with photographs, drawings, maps, and diagrams.

c. Non-U.S. personnel may be invited to take part in U.S. Army accident investigations as nonvoting members. If equipment, facilities, or personnel from Allied nations caused or contributed to the accident, that nation will be notified and invited to take part in the investigation as a nonvoting member.

d. Release of information about the accident to non-NATO members must be done according to the STANAG 3101 and only after the USACRC has approved release.

## 10. PREACCIDENT PLAN

Commanders will develop effective preaccident plans to be used in case of aviation and ground accidents in both garrison and field environments.

a. Preaccident plans will—

(1) Prevent further injury or loss of life, help avoid unnecessary damage to property, and establish coordination requirements at the accident site and immediate notification procedures (AR 385-40 and DA Pam 385-1).

(2) Include control measures to protect personnel from accident-site hazards. Accident-site hazards include but are not limited to the following:

(a) Advanced composite materials (for example, fiberglass, graphite, Kevlar).

(b) Biological hazards (bloodborne pathogens).

(c) Fire.

(d) Hazardous cargo.

(e) Mechanical hazards (for example, sharp edges on equipment).

(f) Natural hazards at the site of the accident (for example, snakes, spiders, other animals).

(g) Pressurized containers.

(h) Radiation.

(i) Toxic substances.

b. The unit's preaccident plan must also outline the issue, use, and disposal of personal protective equipment for all exposed personnel at the accident site.

## 11. AVIATION ACCIDENT-INVESTIGATION TOOLKIT

Appendix D describes a recommended aviation accident-investigation toolkit.

## **APPENDIX A REFERENCES**

### **SECTION I PUBLICATIONS**

Standardization Agreement 3101, Exchange of Safety Information Concerning Aircraft and Missiles

German Accident Prevention Regulation A1, General Prevention Principles

DOD Instruction 6055.7, Accident Investigation, Reporting, and Record Keeping

AR 25-400-2, The Army Records Information Management System (ARIMS)

AR 40-21, Medical Aspects of Army Aircraft Accident Investigation

AR 385-40, Accident Reporting and Records

DA Pamphlet 385-1, Small Unit Safety Officer/NCO Guide

DA Pamphlet 385-40, Army Accident Investigation and Reporting

AE Regulation 10-5, HQ USAREUR/7A and Select Commands

AE Regulation 27-10, Military Justice

### **SECTION II FORMS**

DA Form 285-AB-R, U.S. Army Abbreviated Ground Accident Report (AGAR)

DA Form 285-W-R, U.S. Army Accident Report Summary of Witness Interview

DA Form 2028, Recommended Changes to Publications and Blank Forms

DA Form 7305-R, Telephonic Notification of Aviation Accident/Incident

DA Form 7306-R, Telephonic Notification of Ground Accident

DOL Form CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation  
(at <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>)

DOL Form CA-2, Notice of Occupational Disease and Claim for Compensation  
(at <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>)

DOL Form CA-6, Official Superior's Report of Employee's Death  
(at <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>)

AE Form 385-40A, Unfallanzeige (*LN Accident Report*)

AE Form 385-40B, Anzeige des Unternehmers über eine Berufskrankheit (*Report of the Employer Regarding an Occupational Illness*)

AE Form 385-40W, Army in Europe Accident Report Summary of Witness Interview

**APPENDIX B  
REPORTING ACCIDENTAL INJURIES AND OCCUPATIONAL ILLNESSES OF LOCAL NATIONAL  
EMPLOYEES TO THE FEDERAL ACCIDENT INSURANCE AGENCY**

**B-1. GENERAL**

The *Unfallkasse des Bundes*, which is the German Federal accident insurance agency, acts on behalf of Germany as the accident-insurance carrier for local national (LN) employees of the U.S. Armed Forces. The following rules apply for LN employees seeking treatment for an on-the-job injury, occupational illness, or accidental injury while commuting to or from work:

- a. If an injury requires medical treatment, the employee must see a D–doctor (*Durchgangsarzt*). Each base support battalion (BSB) will publish a list of D-doctors based on the *Unfallkasse des Bundes* listing.
- b. In case of an eye, throat, nose, or ear injury, a doctor specializing in that area may be consulted.
- c. In case of severe injuries, the employee must be immediately transported by ambulance to a hospital printed in bold letters on the *Unfallkasse des Bundes* published list. The emergency rescue team will make the ultimate decision on requirements and hospital selection.

**NOTE:** “Medical treatment” in this regulation means any visit to a physician as a result of an occupational accident or illness.

**B-2. U.S. GOVERNMENT**

The U.S. Government is self-insured. It reimburses the German Government for disbursements paid for medical treatment provided to LN employees by physicians for accidental injuries and occupational illnesses.

**B-3. EMPLOYEE RESPONSIBILITIES**

- a. LN employees must report the following incidents immediately to their supervisor:
  - (1) Injuries resulting from on-the-job accidents.
  - (2) Injuries resulting from accidents while commuting to or from work that require medical treatment.
  - (3) Occupational illnesses that require medical treatment (after determination by a competent physician).
  - (4) Queries or questionnaires from the *Unfallkasse des Bundes* pertaining to accidents or occupational illnesses.
  - (5) Any damage to U.S. Government property. In these cases, no reporting to the *Unfallkasse des Bundes* is required.

b. LN employees that receive a *Unfallkasse des Bundes* inquiry or questionnaire (a(4) above) will contact the servicing safety office for assistance.

**B-4. ACCIDENT INVESTIGATION**

When an LN employee has an accident or suffers from an occupational illness, the employee’s supervisor or designated representative in the supervisory chain of command will conduct an investigation to determine the causes and factors that contributed to the accidental injury or occupational illness. The following personnel will participate in the investigation:

- a. A representative of the local works council.
- b. An appointed LN *Sicherheitsbeauftragter* (safety representative) of the unit, activity, or organization.
- c. A *Schwerbehindertenvertreter* (severely handicapped employee’s representative) when a severely handicapped employee is injured.
- d. A safety professional from the organization required to report the accident or from the local BSB safety office.

## B-5. REPORTING PROCEDURES

a. The accident-reporting procedures described in this paragraph do not substitute for mandated organizational reporting requirements.

b. Reporting an on-the-job or accidental injury or occupational illness to the *Unfallkasse des Bundes* depends solely on the medical treatment rendered, not the number of days or hours the LN employee is absent from work. Submitting AE Form 385-40A or AE Form 385-40B does not confirm the occurrence of a work-related injury or occupational illness. Only the *Unfallkasse des Bundes* has the authority to make that determination. All relevant information should be provided with the report to help the *Unfallkasse des Bundes* make a determination.

c. An early report of an on-the-job injury, accidental injury, or occupational illness is in the best interest of the employee. The sooner the *Unfallkasse des Bundes* is informed of an injury or illness, the sooner it can provide services, such as medical treatment, occupational assistance, and monetary benefits to the employee or to the employee's family.

d. The immediate supervisor or designated representative of an LN employee will investigate and report (through command channels) every accident and occupational illness to the safety office within 3 days after being notified of the accident or illness by the employee. The report must be completed using the computerized reporting system "BALU". It is available on CD-ROM and was distributed to all Army organizations in Europe. Additional copies of the software are available from the BSB safety office or may be downloaded by clicking on *BALU Download* from the USAREUR Safety webpage ([http://www.per.hqusareur.army.mil/services/safetydivision/accident\\_report2.htm](http://www.per.hqusareur.army.mil/services/safetydivision/accident_report2.htm)).

(1) On-the-job injuries and accidental injuries that occur while commuting to or from work that require treatment by a doctor will be reported using AE Form 385-40A generated by "BALU." Submission of DA Form 285-AB-R is not required unless damage to Army property is \$2,000 or more. Table B-1 provides instructions for filling out AE Form 385-40A using BALU.

(2) Occupational illnesses that require treatment by a doctor will be reported using AE Form 385-40B. Table B-2 provides instructions for filling out AE Form 385-40B. Submission of AE Form 385-40A and DA Form 285-AB-R is not required.

(3) The head of the agency or designee (for example, employee's supervisor) and a works council representative must sign all copies of AE Form 385-40A or AE Form 385-40B. The completed form will be submitted to the BSB safety office for review and distribution within 3 workdays after the day the form is received. The distribution may be made electronically. The report to the *Unfallkasse des Bundes* will be signed above the "POC telephone number" by the reviewing safety professional and mailed to the following:

(a) Employee's supervisor.

(b) Employee.

(c) Works council.

(d) *Wehrbereichsverwaltung (WBV)*.

(e) *Unfallkasse des Bundes*.

(f) IMA-EURO Safety Office.

(g) Safety office of employees higher headquarter if other than IMA-EURO.

(4) An LN employee's supervisor (for AAFES, the human resources office) will prepare AE Form 385-40B—

(a) For any occupational illness that requires medical treatment.

(b) For any occupational illness that makes an LN employee unfit for work, that ends fatally, or that is claimed by the employee.

(c) On request of the accident insurance carrier (*Unfallkasse des Bundes*).



e. The safety office will mail a copy to the *Unfallkasse des Bundes*; the supervisor or head of agency will be responsible to the appropriate higher echelon according to the organization's guidance. The supervisor will send a copy to the employee on his or her request. AAFES will process accident reports as outlined for BSB safety offices within their organization and send an electronic copy (no signature required) to the IMA-EURO Safety Office (IMA-EURO (SFIM-EU-ZS), Unit 29353, Box 200, APO AE 09014-9353).

f. On receipt of AE Form 385-40A and AE Form 385-40B, the safety office will ensure the forms are filled out correctly. The following information must be completed as a minimum:

**(1) Block 1: Absender (Mailing Address).** The correct German civilian mailing address of the reporting unit or activity must be entered.

**(2) Block 2: Betriebsnummer (Organizational Accident Identification Code Number (OAICN))** . This number will be generated automatically when the UIC is entered in the appropriate field.

**(3) Block 4a: Employment Category.** The appropriate block (NAF or APF) must be marked.

**(4) Block 4a: Employed By.** The appropriate agency (U.S. Army, U.S. Air Force, or AAFES) must be marked.

g. The servicing safety office will notify, through the chain of command, the USAREUR or IMA-EURO Safety and Occupational Health Office (DSN 370-7751/8124 or civ 06221-57-7751/8124) and the *Unfallkasse des Bundes* within 24 hours after either of the following:

(1) Three or more employees in a single accident sustain disabling injuries.

(2) The death of one or more employees resulting from a single accident.

h. Notification of local civilian authority (for example, local police agency, *Amt für Öffentliche Ordnung* (Office for Public Order)) to report any accident that resulted in the death of an LN employee will be by local organizational and BSB policies.

i. Supervisors will ensure that minor injuries that do not require the doctor's assistance are recorded and kept on file for 5 years in accordance with the German Accident Prevention Regulation BGV A1 (available from servicing safety office). First-aid records must be recorded in a *Verbandbuch* (first-aid record book) or in an electronic database. The record of first-aid injury must show at least the following:

(1) First and last name of the injured employee.

(2) Body part injured and type of injury.

(3) Description of accident circumstances.

(4) Type of first aid rendered.

(5) Name of the person who rendered first aid.

(6) Names of witnesses.

(7) Name of the installation and organization where the accident happened.

(8) Name of the reporting unit.

**NOTE:** First-aid record books are available on the BALU program CD, or may be ordered as hard copies from Unfallkasse des Bundes, Mombacher Str. 74, 55122 Mainz. AAFES will follow organizational guidance and record all first aid cases in the electronic database "Accident Reporting and Risk Management System" (ARRMS).

#### **B-6. UNFALLKASSE DES BUNDES AND WEHRBEREICHsverwaltung INQUIRIES**

The *Unfallkasse des Bundes* or *Wehrbereichsverwaltung* (WBVs) may request more information on selected reports. These inquiries will be sent through the BSB or AAFES safety office to the unit or activity that initiated the report. The reporting unit will respond immediately to the *Unfallkasse des Bundes* and WBV queries and return them through the same channels.

<b>Table B-1 Instructions for Completing AE Form 385-40A</b>		
<b>Block Number and Name</b>	<b>Translation of Name</b>	<b>Instructions</b>
<b>1. Name und Anschrift des Unternehmers</b>	Name and address of the reporting activity	Enter the German civilian mailing address of the employee's reporting unit in this block.
<b>2. Unternehmensnummer des Unfallversicherungsträgers</b>	Accident identification code number	Will be entered automatically by the system when selecting or entering the UIC.
<b>3. Empfänger</b>	Address of receiver of this notice	Select from the list.
<b>4. Name, Vorname des Versicherten</b>	Last and first name of the insured person	Enter the name of the injured employee.
<b>4a. Employment Category/Employed By</b>		The appropriate block (NAF or APF) and the appropriate agency (U.S. Army, U.S. Air Force, or AAFES) must be marked.
<b>5. Geburtsdatum</b>	Date of birth	Enter the employee's date of birth (for example, 16 July 1954 is 16 07 1954) in the <i>Tag</i> (DD), <i>Monat</i> (MM), and <i>Jahr</i> (YYYY) blocks.
<b>6. Straße, Hausnummer Postleitzahl Ort</b>	Street address and number Postal code City	Enter the <i>Straße</i> (street address), <i>Postleitzahl</i> (postal code), and <i>Ort</i> (city) of the injured employee.
<b>7. Geschlecht</b>	Sex	Mark the appropriate block to indicate the employee's sex ( <i>männlich</i> (male) or <i>weiblich</i> (female)).
<b>8. Staatsangehörigkeit</b>	Nationality	Enter the employee's nationality.
<b>9. Leiharbeiternehmer</b>	Personnel-leasing-service employee	Check the <i>ja</i> (yes) or <i>nein</i> (no) block.
<b>10. Auszubildender</b>	Trainee, apprentice	Check the <i>ja</i> (yes) or <i>nein</i> (no) block.
<b>11. Ist der Versicherte - Unternehmer - mit dem Unternehmer verwandt - Ehegatte des Unternehmers - Gesellschafter/Geschäftsführer?</b>	Is the insured person– Entrepreneur. Related to the entrepreneur. Spouse of the entrepreneur. Partner/managing director.	Not applicable. Leave blank
<b>12. Anspruch auf Entgeltfortzahlung besteht für XX Wochen</b>	Entitlement to continuation of wages or salary for XX weeks	Enter the number of weeks to which the employee is entitled continuation of wages or salary.
<b>13. Krankenkasse des Versicherten (Name, PLZ, Ort)</b>	Health insurance agency of the insured person (name, postal code, and city)	If the employee is insured by a statutory health insurance and entitled to monetary benefits, enter the name and location of the agency. In other cases, enter the type of insurance providing benefits to the employee (for example, private insurance, insurance of persons receiving retirement or disability pensions, family aid, voluntary insurance with statutory health insurance).
<b>14. Tödlicher Unfall</b>	Fatal accident	Check <i>nein</i> (no) or <i>ja</i> (yes).
<b>15. Unfallzeitpunkt</b>	Time of the accident	Enter the time and date of the accident (for example, if the date and time of the accident was 10 September 2002, at 7:45 p.m., enter 10092002 19:45 ( <i>Tag, Monat, Jahr, Stunde, Minute</i> , (DD, MM, YYYY, hour:minute))).
<b>16. Unfallort (genaue Orts- und Straßenangabe mit PLZ)</b>	Accident site (exact location: street, city, postal code)	Enter the exact location where the injury occurred, using German location designations (for example, parts store, basement of building 110, Patton Barracks). For accidents on the way to or from work, enter the exact street location (for example, intersection Dorfstrasse and B51, 55213 Rittersdorf).

<b>Table B-1 Instructions for Completing AE Form 385-40A</b>		
<b>Block Number and Name</b>	<b>Translation of Name</b>	<b>Instructions</b>
<b>17. Ausführliche Schilderung des Unfallhergangs (Verlauf, Bezeichnung des Betriebsteils, ggf. Beteiligung von Maschinen, Anlagen, Gefahrstoffen)</b>  <b>Die Angaben beruhen auf der Schilderung</b> - des Versicherten - anderer Personen	Detailed description of accident sequence (course of the accident, name of section, if applicable, involvement of equipment, installations, hazardous material)  Details are based on the information provided by- - The insured person. - Other persons.	Enter the injured employee's exact duties and describe the work being performed at the time of the accident. Include details such as light and weather conditions. For accidents while going to or from work and involving a third party who may be liable, provide the name and address of that party and the name of that person's insurance company.  Mark appropriate block who provided the information: the injured person or others.
<b>18. Verletzte Körperteile</b>	Injured body parts	List the injured parts (for example, lower left arm, right foot, left side of head).
<b>19. Art der Verletzung</b>	Nature of injuries	Enter the nature of the injuries (for example, sprain, fracture, burn).
<b>20. Wer hat von dem Unfall zuerst Kenntnis genommen? (Name, Anschrift des Zeugen) War diese Person Augenzeuge?</b>	Who was the first person to find out about the accident? (name, address of witness.) Was the person an eyewitness?	Enter the name and address of the person who witnessed the accident or the name of the first person notified.
<b>21. Name und Anschrift des erstbehandelnden Arztes/Krankenhaus</b>	Name and address of doctor or hospital providing initial treatment	Enter the name and address of the doctor or hospital who first treated the injured employee.
<b>22. Beginn und Ende der Arbeitszeit des Versicherten</b>	Beginning and end of the insured person's workhours	Enter the time the employee's normal work period begins ( <i>Stunde</i> (hour), <i>Minute</i> (minute)). Complete this block even if work could not be started. The insured person's work period ends. Enter the time that the employee's regular work period ends, not the time the injured person stopped working because of the accident ( <i>Stunde</i> (hour), <i>Minute</i> (minute)).
<b>23. Zum Unfallzeitpunkt beschäftigt/tätig als</b>	Employed at the time of the accident as	Enter the position title (for example, locksmith, payroll clerk). Do not use titles such as laborer or salaried employee.
<b>24. Seit wann bei dieser Tätigkeit?</b>	Since when performing this function?	Enter the <i>Monat</i> (MM) and <i>Jahr</i> (YYYY) of assignment to the position shown in block 12. If unknown, contact the servicing civilian personnel advisory center.
<b>25. In welchem Teil des Unternehmens ist der Verletzte ständig tätig?</b>	In what branch of the organization is the insured person regularly employed?	Enter the branch name (for example, motor pool, reproduction room, supply room). Specify its location (for example, locksmith's shop, Directorate of Public Works, Heidelberg).
<b>26. Hat der Versicherte die Arbeit eingestellt?</b>	Did the insured person stop working?	Mark the appropriate block ( <i>nein</i> (no) or <i>sofort</i> (immediately), or state the <i>Tag</i> (DD), <i>Monat</i> (MM), and <i>Stunde</i> (hour) if the person stopped later ( <i>später am</i> )).
<b>27. Hat der Verletzte die Arbeit wieder aufgenommen?</b>	Did the insured person resume work?	Check the <i>nein</i> (no) or <i>ja</i> (yes) block. If yes, enter the <i>Tag</i> (DD), <i>Monat</i> (MM), and <i>Jahr</i> (YYYY).
<b>28. Datum</b>	Date	Enter the <i>Datum</i> (date) the accident form is completed and signed.
<b>Unternehmer/Bevollmächtigter</b>	Commander, agency head, or other designated person (for example, the employee's supervisor)	Signature of the employee's supervisor.
<b>Betriebsrat (Personalrat)</b>	Works council	Signature of the servicing works council chair or representative. Enter "None" if the employee does not have a servicing works council; if a digital signature is provided using a Common Access Card (CAC), enter the person's name.
<b>28. Telefon-Nr. für Rückfragen (Ansprechpartner)</b>	Telephone number of POC for inquiries	Processing safety office to enter its commercial phone number and sign above the telephone number for distribution to the <i>Unfallkasse des Bundes</i> .

<b>Table B-2 Instructions for Completing AE Form 385-40B</b>		
<b>Block Number and Name</b>	<b>Translation of Name</b>	<b>Instructions</b>
<b>1. Name und Anschrift des Unternehmens</b>	Name and address of the reporting activity	Enter the German civilian mailing address of the employee's reporting unit in this block.
<b>2. Unternehmensnummer des Unfallversicherungsträgers</b>	Accident identification code number	Will be entered automatically by the system when selecting or entering the UIC.
<b>3. Empfänger</b>	Addressee	Select from the list.
<b>4. Name, Vorname des Versicherten</b>	Last and first name of the insured person	Enter the name of the injured employee.
<b>4a. Employment Category/Employed By</b>		The appropriate block (NAF or APF) and the appropriate agency (U.S. Army, U.S. Air Force, or AAFES) must be marked.
<b>5. Geburtsdatum</b>	Date of birth	Enter the employee's numerical date of birth (for example, 16 July 1954 is 16 07 1954) in the <i>Tag</i> (DD), <i>Monat</i> (MM), and <i>Jahr</i> (YYYY) blocks.
<b>6. Straße, Hausnummer Postleitzahl Ort</b>	Street address and number Postal code City	Enter the <i>Straße</i> (street address), <i>Postleitzahl</i> (postal code), and <i>Ort</i> (city) of the injured employee.
<b>7. Geschlecht</b>	Sex	Mark the appropriate block to indicate the employee's sex ( <i>männlich</i> (male) or <i>weiblich</i> (female))
<b>8. Staatsangehörigkeit</b>	Nationality	Enter the employee's nationality.
<b>9. Leiharbeiternehmer</b>	Personnel-leasing-service employee	Check the <i>ja</i> (yes) or <i>nein</i> (no) block.
<b>10. Auszubildender</b>	Trainee, apprentice	Check the <i>ja</i> (yes) or <i>nein</i> (no) block.
<b>11. Ist der Versicherte - Unternehmer - mit dem Unternehmer verwandt - Ehegatte des Unternehmers - Gesellschafter/Geschäftsführer</b>	Is the insured person-- - Entrepreneur - Related to the entrepreneur - Spouse of the entrepreneur - Partner/managing director	Not applicable. Leave blank.
<b>12. Anspruch auf Entgeltfortzahlung besteht für XX Wochen</b>	Entitlement to continuation of wages or salary for XX weeks	Enter the number of weeks to which the employee is entitled continuation of wages or salary.
<b>13. Krankenkasse des Versicherten (Name, PLZ, Ort)</b>	Health insurance agency of the insured person (name, postal code, and city)	If the employee is insured by a statutory health insurance and entitled to monetary benefits, enter the name and location of the agency. In other cases, enter the type of insurance providing benefits to the employee (for example, private insurance, insurance of persons receiving retirement or disability pensions, family aid, voluntary insurance with statutory health insurance).
<b>14. Welche Krankheitserscheinungen liegen vor, die Anhaltspunkte für die Anzeige bilden? Welche Beschwerden äußert der Versicherte? Auf welche gefährdenden Einwirkungen und Stoffe führt er die Beschwerden zurück?</b>	Which symptoms are cause of this notification? Which are the complaints of the insured person? Which hazardous exposure does he or she think is the cause for these complaints?	Description of the symptoms and complaints, summary of the employee's health problems and his view on possible cause, detailed listing of hazardous substances that might have contributed to the health problem.
<b>15. Welche gefährdenden Tätigkeiten hat der Versicherte bisher ausgeübt? Welchen gefährdenden Einwirkungen und Stoffen war er bei der Arbeit ausgesetzt?</b>	In what hazardous job was the insured person engaged to date? To what hazardous conditions and materials was the insured person occupationally exposed?	Enter the employee's occupation (for example, laboratory technician, X-ray technician, painter). Provide specific information concerning the identity of substance or exposure.
<b>16. Wurden arbeitsmedizinische Vorsorgeuntersuchungen durchgeführt? Wenn ja, durch wen und wann?</b>	Have preventive occupational-medicine examinations been conducted? If so, by whom and when?	Enter the type of preventive medical examination (for example, G20, Noise) and the contractor or doctor who conducted the examination; and enter the date when it was conducted. List all examinations and all date recorded.

<b>Table B-2 Instructions for Completing AE Form 385-40B</b>		
<b>Block Number and Name</b>	<b>Translation of Name</b>	<b>Instructions</b>
<b>17. Wurden die unter Nummer 15 genannten Gefährdungsfaktoren am Arbeitsplatz des Versicherten überprüft (z.B. Gefährdungsbeurteilung, Messungen)? Wenn ja, mit welchem Ergebnis?</b>	Has the workplace of the insured person been inspected to assess the hazards listed in block 15 (for example, workplace hazard evaluation, measurements); if yes, what were the results?	Enter all information related to workplace inspections and attach summary of reports and results of measurement taken.
<b>18. Datum</b>	Date	Enter the <i>Datum</i> (date) the accident form is completed and signed
<b>Unternehmer/Bevollmächtigter</b>	Commander, agency head, or other designated person (for example, the employee's supervisor)	Signature of the employee's supervisor.
<b>Betriebsrat (Personalrat)</b>	Works council	Signature of the servicing works council chair or representative. Enter "None" if the employee does not have a servicing works council; if CAC is in place, enter name.
<b>Telefon-Nr. für Rückfragen (Ansprechpartner)</b>	Tel. number of POC	Processing safety office to enter its commercial phone number and sign above the telephone number for distribution to the <i>Unfallkasse des Bundes</i> .

## **APPENDIX C**

### **INSTRUCTIONS FOR COMPLETING AE FORM 385-40W**

#### **C-1. GENERAL**

AE Form 385-40W must be completed for all on-duty class A and B Army accidents. As a minimum, summaries of interviews with the primary personnel involved or injured will be included. This form will also be used to summarize interviews and statements of commanders, supervisors, maintenance personnel, and others who are able to contribute pertinent information concerning the accident. If additional space is required, letter-size paper may be used as continuation sheets. AE Form 385-40W may also be used to document witness summaries of all classes of accidents.

#### **C-2. PROCEDURAL GUIDELINES**

a. All witnesses must be interviewed according to DA Pamphlet 385-40, chapter 2. The investigator will emphasize to the witness that the sole purpose of the accident investigation is accident prevention. The witness should also be informed that the Army seeks to isolate the causes of the accident in order to take appropriate action to avoid similar accidents. If the witness is a civilian, the investigator will avoid using Army terms and acronyms.

b. The board president or recorder will brief all witnesses about the interview by reading aloud the information on AE Form 385-40W, block 12. This briefing is given to ensure that the witnesses understand the purpose of the interview, who will have access to the information, the DOD restrictions on the use of the interview, and how this interview may be released to the public. Explanations given on the meaning of this briefing need not be recorded on the AE Form 385-40W.

c. If a witness is willing to be interviewed or make a statement, his or her remarks will be summarized on AE Form 385-40W, block 13.

d. The witness is not required, and should not be asked, to sign the AE Form 385-40W. The interviewer is also not required to sign. To approach a witness for a signature may give the impression that the statement will be used for purposes other than accident prevention.

e. Witness statements should be summarized for inclusion in the report. The complete, verbatim account of all that was stated should not be included. A summary is to be used, but should not exclude any information that assists in explaining the circumstances of the accident.

<b>Table C-1 Instructions for Completing AE Form 385-40W</b>	
<b>Block</b>	<b>Instructions</b>
<b>1. Name of Witness (Last, first, MI)</b>	Self-explanatory.
<b>2. Occupation/Title</b>	Enter the general occupation of the witness and duty being performed at the time of the accident.
<b>3. Grade</b>	Enter the pay grade of the witness using the codes from DA Pamphlet 385-40, table 4-4.
<b>4. SSN</b>	Enter the person's social security number (if applicable).
<b>5. Age</b>	Self-explanatory.
<b>6. Address (include ZIP code) (if military, include organization)</b>	Self-explanatory.
<b>7. Telephone number</b>	Enter a Defense Switched Network (DSN) telephone number for the witness (if applicable).
<b>8. Date of interview</b>	Enter the date or dates that the statements were made.
<b>9. Location at the time of the accident</b>	Enter the location of the witness in relation to the accident when it occurred.
<b>10. Interviewer</b>	Enter the rank or grade and last name of the person in charge of the interview. If the witness is interviewed by different persons in charge on separate occasions, list all interviewers in charge and add a prefix to each name showing "1st," "2d," "3d," and so forth to designate which interview session the interviewer conducted.
<b>11. Experience and background</b>	Summarize the witness's experience, expertise, and background in his or her duty or military occupational specialty (MOS).
<b>12. No promise of confidentiality offered</b>	Read this section aloud to the witness.
<b>13. Summary of interview</b>	<p><b>Multiple Interviews, Same Witness.</b> If a witness was interviewed more than once, add a prefix to the summary of each interview with the interview date and indicate if the statement is the 1st, 2d, 3d, and so forth.</p> <p><b>Comprehensiveness.</b> In general, the interview summaries of persons involved or injured in an accident should include more detail than the statements of others. This is because the personnel involved are the best source of information pertaining to the chronology of events related to the accident. This chronology should be used as a guide in determining which information to include in the interview summaries. If human error appears to be involved in the accident, the errors and system inadequacies can help determine what should be addressed in the witness summaries.</p> <p><b>Consolidating.</b> When several witnesses other than persons involved provide essentially the same observations, it is not necessary to prepare a separate AE Form 385-40W for each witness. In cases where the summarized statements of several witnesses can be consolidated, blocks 1 through 9 may be left blank. In block 13, list the names of the witnesses and summarize their collective observations.</p> <p><b>Format.</b> The proper format is a concise summary of information elements. For example, "The witness was a passenger (identify location of passenger) in the vehicle at the time of the accident. He heard a grinding noise coming from the area of the right rear wheel before brake failure." If determined to be essential, limited direct quotes from a witness (together with the specific questions they are in response to) may be used. This should be done sparingly and only when necessary. It is important that the statement be the investigator's summary and not an exact, verbatim transcript of what the witness said. The summary should be written in the third person ("The witness said," "She said") and not the first person ("I saw," "I heard").</p>
<b>14. Date of accident (YYYYMMDD)</b>	Enter the date that the accident occurred.

## **APPENDIX D**

### **AVIATION ACCIDENT-INVESTIGATION TOOLKIT**

#### **D-1. GENERAL**

Aviation units have an authorized accident-investigation toolkit (Toolkit, Aircraft Accident Investigation, national stock number 5180-00-903-1049). Division-level safety offices are not authorized to have this kit.

#### **D-2. RECOMMENDED TOOLKIT**

a. Aviation units may supplement their toolkits, and divisions may form accident-investigation kits for their use, as funding allows.

b. The Safety and Occupational Health Office (SOHO), Office of the Deputy Chief of Staff, G1, HQ USAREUR/7A and the United States Army Combat Readiness Center (USACRC) recommend that the toolkit contain the following:

(1) Notebook computer. As a minimum, a 233-megahertz system with a 2-gigabyte hard-disk drive and 32 megabytes of memory, a CD-ROM drive, and a Cordura-type (metal) carrying case.

(2) Digital camera with carrying case, extra batteries, and memory modules.

(3) Tools (Leatherman and Gerber tools are available through the Federal supply system).

(4) Microcassette recorder with extra batteries and blank tapes.

(5) Protective equipment.

(a) Leather gloves.

(b) Disposable latex gloves.

(c) Disposable respirators.

(d) First-aid kit.

(e) Tyvek coveralls (two sets).

(f) Eye protection.

(6) Measuring Devices.

(a) 100-foot (or 30-meter) measuring tape.

(b) Ruler.

(c) Compass.

(7) Lighting devices.

(a) Flashlight (heavy-duty and pocket size). Recommend Mini-Mag type for brightness.

(b) Chemical light sticks.

(8) Miscellaneous items.

(a) Carrying case for investigation kit (for example, rucksack, small suitcase).

(b) Regulations and forms (for example, AR 385-40, DA Pam 385-40, USASC Investigation Handbook, compact disks (CDs) from the USAREUR SOHO).



- (c) Unit preaccident plan with current telephone roster.
  - (d) Local map.
  - (e) Evidence tags, plastic bundle ties.
  - (f) Clear plastic zipper-type (locking) bags (various sizes).
  - (g) Writing materials (for example, paper, pens, pencils, chalk, markers).
  - (h) Engineer tape, string.
  - (i) Spare batteries.
  - (j) Fluid-sample bottles.
  - (k) Parts-cleaning brush.
  - (l) Magnifying glass.
- (9) The following items should be considered as valuable additions to the kit, but are not required.
- (a) Cell phone.
  - (b) Global positioning satellite navigation device.
  - (c) Inclinometer.
  - (d) Camera, 35-millimeter, single-lens reflex type (disposable cameras may be used as backups).
  - (e) Aircraft or vehicle parts manual.

**APPENDIX E  
ADDITIONAL REPORTING REQUIREMENTS**

**E-1. REQUIREMENTS FOR ON-DUTY ARMY ACCIDENTS**

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THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF DA WASHINGTON DC//DACS-SF//

DIRECTOR OF ARMY SAFETY SENDS

SUBJECT: ADDED NARRATIVE FOR ARMY ACCIDENT REPORTS

A. CHAPTER 3, AR 385-40, ACCIDENT REPORTING AND RECORDS (1 NOV 94)

B. PARAGRAPH 3-6, DA PAM 385-40, ARMY ACCIDENT INVESTIGATION AND REPORTING (1 NOV 94)

C. PARAGRAPH 4-4D, DA PAM 385-40

1. THE APPLICATION OF THE RISK MANAGEMENT PROCESS AND LEADER INVOLVEMENT IN ARMY ACCIDENTS HAVE BEEN IDENTIFIED AS INFORMATION CRITICAL TO ACCIDENT PREVENTION. THEREFORE, COMMANDERS ARE REQUESTED TO OBTAIN RESPONSES TO THE FOLLOWING QUESTIONS DURING INVESTIGATIONS AND DOCUMENT THE INFORMATION ON ACCIDENT REPORTS AS NOTED BELOW.

2. ON-DUTY ARMY ACCIDENTS.

- A. AT WHAT LEVEL WAS THE MISSION/TRAINING CONDUCTED (BDE/BN/CO/PLT/SQD/TEAM/CREW/OTHER)?
- B. WHO APPROVED THE MISSION/TRAINING?
- C. WAS RISK MANAGEMENT PERFORMED?
  - (1) WHO PERFORMED (RANK/POSITION)?
  - (2) WHO ACCEPTED RISKS (RANK/POSITION)?
  - (3) WHAT WAS THE LEVEL OF RISK AFTER THE CONTROLS WERE APPLIED? (SELECT ONE: LOW/MODERATE/HIGH/EXTREMELY HIGH)
  - (4) HOW WAS THE RISK MANAGEMENT PROCESS COMMUNICATED? (SELECT ONE OR MORE: ORDER/WORKSHEET/VERBAL BRIEF/NOT COMMUNICATED.)
  - (5) WAS THE ACCIDENT EVENT IDENTIFIED/CONSIDERED DURING RISK MANAGEMENT PROCESS (Y/N)?
    - (A) IF YES, WHAT WAS THE LEVEL OF THE IDENTIFIED RISK (SELECT ONE: LOW/MEDIUM/HIGH/EXTREMELY HIGH)?
    - (B) IF YES, CONTROL MEASURE(S) APPLIED (YES/NO)?
    - (C) IF YES, WHO WAS RESPONSIBLE FOR IMPLEMENTING CONTROL(S) (RANK/POSITION)?
    - (D) IF YES, WAS THE POTENTIAL FOR THE ACCIDENT EVENT ACCEPTED AS RESIDUAL RISK (YES/NO)?
- D. WHO WAS IN CHARGE DURING THE MISSION/TRAINING (RANK/POSITION)?
- E. WHO WAS THE SENIOR LEADER PRESENT DURING THE MISSION/TRAINING (RA 3. FOR AVIATION ACCIDENTS, USE PARAGRAPH 4, ANALYSIS, PART IV, NARRATIVE, TECHNICAL REPORT OF AVIATION ACCIDENT (DA FORM 2897-3-R) AND BLOCK 15, ABBREVIATED AVIATION ACCIDENT REPORT (AAAR, DA FORM 2397-AB-R), TO DOCUMENT ANSWERS TO QUESTIONS IN PARAGRAPH 1 ABOVE. THIS REQUIREMENT DOES NOT APPLY TO CLASS E OR FOD INCIDENTS.

4. FOR GROUND ACCIDENTS, USE PARAGRAPH 4, ANALYSIS, FOR THE U.S. ARMY ACCIDENT REPORT, DA FORM 285, AND BLOCK 39, ABBREVIATED GROUND ACCIDENT REPORT (AGAR, DA FORM 285-AB-R), TO DOCUMENT ANSWERS TO QUESTIONS IN PARAGRAPH 1 ABOVE.

5. FOR OFF DUTY ACCIDENTS, IN BLOCK 39 OF THE AGAR, ADD A BRIEF DESCRIPTION OF THE EVENTS LEADING UP TO THE ACCIDENT TO THE ACCIDENT SYNOPSIS AND RESPOND TO THE FOLLOWING QUESTIONS:

- A. WAS THE SOLDIER ON LEAVE OR PASS (Y/N)? IF YES,
    - (1) HOW LONG WAS THE SOLDIER ON LEAVE OR PASS WHEN THE ACCIDENT OCCURRED?
    - (2) DID THE ACCIDENT OCCUR WHEN GOING TO THE LEAVE/PASS DESTINATION OR RETURNING FROM HIS LEAVE/PASS DESTINATION (Y/N)?
  - B. WAS THE SOLDIER DEPLOYED WITHIN THE 365 DAYS PRIOR TO THE ACCIDENT (Y/N)? IF YES,
    - (1) WHEN DID THE SOLDIER RETURN FROM THE DEPLOYMENT?
    - (2) HOW LONG WAS THE DEPLOYMENT?
    - (3) WHERE WAS THE DEPLOYMENT?
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C. PRIOR TO THE ACCIDENT EVENT, WAS THERE LEADER-SOLDIER CONTACT (Y/N)? IF YES,

(1) WHAT LEVEL OF LEADERSHIP?

(2) WHAT TYPE CONTACT? (BRIEF, ASMIS-1, TRIP PLANNING, COUNSELING, VEHICLE INSPECTION, OTHER)

D. DID THE SOLDIER HAVE A HISTORY OF RISKY BEHAVIOR SUCH AS RECURRING TRAFFIC VIOLATIONS, EXTREME SPORTS OR HOBBIES, VIOLENT ACTS, OTHER DYSFUNCTIONAL EVENTS (Y/N)? IF YES, PLEASE COMMENT.

E. WAS THE SOLDIER ALERTED FOR DEPLOYMENT (Y/N)?

F. WERE THERE OTHER FACTORS SUCH AS ABRUPT CHANGES TO TRAINING ROTATION OR ASSIGNMENTS THAT MIGHT HAVE ENCOURAGED CELEBRATORY BINGING BEHAVIOR (Y/N)? (THAT IS, GRABBING AS MUCH "FUN" AS POSSIBLE BECAUSE UNCERTAINTIES IN TRAINING OR UNEXPECTED CHANGES IN ASSIGNMENTS GAVE THE SOLDIER LITTLE STABILITY TO PLAN WHEN HE MIGHT HAVE ANOTHER CHANCE FOR OFF DUTY PLEASURES.) IF SO, PLEASE COMMENT.

G. DID THE SOLDIER RECEIVE ANY INSTALLATION OR LOCAL HAZARD ORIENTATION INCLUDING TRAFFIC, OFF LIMITS AREAS OR ACTIVITIES, WEATHER EXTREMES, AND THE LIKE (Y/N)? IF YES, APPROXIMATELY WHEN?

H. WAS THE SOLDIER DRIVING A POV IN THE ACCIDENT EVENT (Y/N)? IF YES,

(1) HAD THE SOLDIER COMPLETED THE MANDATORY 4 HOURS OF CLASSROOM INSTRUCTION DESIGNED TO ESTABLISH AND REINFORCE A POSITIVE ATTITUDE TOWARD DRIVING (Y/N) ? IF YES,

(2) APPROXIMATELY WHEN? WHERE?

(3) WAS THE SOLDIER LICENSED TO DRIVE THE VEHICLE (Y/N)? IF YES, DATE LICENSED?

I. WAS THE SOLDIER OPERATING A MOTORCYCLE IN THE ACCIDENT EVENT (Y/N)? IF YES,

(1) DID THE SOLDIER COMPLETE REQUIRED MOTORCYCLE SAFETY FOUNDATION, OR EQUIVALENT, OPERATOR TRAINING (Y/N)? IF YES, WHEN? WHERE?

(2) WAS THE SOLDIER WEARING A DOT APPROVED MOTORCYCLE HELMET(Y/N)?

(3) WAS THE SOLDIER WEARING OTHER REQUIRED HIGH VISIBILITY AND PERSONAL PROTECTIVE EQUIPMENT (Y/N)? IF YES, STATE WHAT TYPES.

(4) WAS THE SOLDIER LICENSED TO OPERATE THE MOTORCYCLE (Y/N)? IF YES, DATE LICENSED?

6. POINTS OF CONTACT:

A. GROUND ACCIDENTS: MS. ADAMS, (PEGGY.ADAMS@SAFETYCENTER.ARMY.MIL).

B. AVIATION ACCIDENTS: MR. EVANS, (MIKE.EVANS@SAFETYCENTER.ARMY.MIL).

7. THIS MESSAGE EXPIRES 1 APRIL 2006.

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## **E-2. REQUIREMENTS FOR ACCIDENTS INVOLVING RESERVE COMPONENT SOLDIERS ASSIGNED ON DUTY STATUS**

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FROM: HQDA WASHINGTON DC//DACS-SF//

DIRECTOR OF ARMY SAFETY SENDS

SUBJECT: ARMY ACCIDENTS INVOLVING RESERVE COMPONENT SOLDIERS

A. PARAGRAPH 1-6C, AR 385-40.

1. ACCIDENTS INVOLVING RESERVE COMPONENT (ARMY RESERVE AND ARMY NATIONAL GUARD) SOLDIERS ASSIGNED ON ACTIVE DUTY STATUS WILL BE REPORTED TO THE UNIT OF DUTY ASSIGNMENT.  
2. IF THE ORGANIZATION OF ACTIVE DUTY STATUS ASSIGNMENT IS OTHER THAN THE RESERVE COMPONENT, A COPY OF THE ACCIDENT REPORT WILL BE FURNISHED TO THE PARENT RESERVE UNIT OR ARMY NATIONAL GUARD STATE SAFETY AND OCCUPATIONAL HEALTH OFFICE.

3. GROUND ACCIDENTS.

A. US ARMY ACCIDENT REPORT, DA FORM 285. ENTER UNIT OF ASSIGNMENT IN BLOCKS 2 AND 3. ENTER ARMY RESERVE OR ARMY NATIONAL GUARD UNIT IN BLOCK 18.

B. ABBREVIATED GROUND ACCIDENT REPORT (AGAR), DA FORM 285-AB-R. ENTER UNIT OF ASSIGNMENT IN BLOCK 5. ENTER ARMY RESERVE OR ARMY NATIONAL GUARD UNIT IN BLOCK 11.

4. AVIATION ACCIDENTS.

A. TECHNICAL REPORT OF US ARMY AIRCRAFT ACCIDENT PART II - SUMMARY, DA FORM 2397-1-R. ENTER UNIT OF ASSIGNMENT IN BLOCK 9B. ENTER ARMY RESERVE OR ARMY NATIONAL GUARD UNIT IN BLOCK 9A.

B. ABBREVIATED AVIATION ACCIDENT REPORT (AAAR), DA FORM 2397-AB-R. ENTER UNIT OF ASSIGNMENT IN BLOCK 8. ENTER ARMY RESERVE OR ARMY NATIONAL GUARD UNIT IN BLOCK 21A(6).

5. POINT OF CONTACT FOR GROUND ACCIDENTS IS MS. ADAMS, DSN 558.2256 OR COMMERCIAL 334.255.2256. POINT OF CONTACT FOR AVIATION ACCIDENTS IS MR. EVANS, DSN 558.3493, COMMERCIAL 334.255.3493.

6. THIS MESSAGE EXPIRES 1 APR 06.

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## GLOSSARY

### SECTION I ABBREVIATIONS

AAFES	Army and Air Force Exchange Service
AEPUBS	Army in Europe Publishing System
AKO	Army Knowledge Online
APF	appropriated fund
AR	Army regulation
ARAS	Accident Reporting Automated System
BSB	base support battalion
CAC	Common Access Card
CPAC	Civilian Personnel Advisory Center
CD-ROM	compact disk - read only memory
CG, USAREUR/7A	Commanding General, United States Army, Europe, and Seventh Army
DA	Department of the Army
D-doctor	<i>Durchgangsarzt</i>
DOD	Department of Defense
DOL	Department of Labor
DSN	Defense Switched Network
EDTA	ethylenediamine tetraacetic acid
GCMCA	general courts-martial convening authority
GS	General Schedule
HN	host nation
HQ USAREUR/7A	Headquarters, United States Army, Europe, and Seventh Army
IMA-EURO	United States Army Installation Management Agency, Europe Region Office
LN	local national
ml	milliliter
MOS	military occupational specialty
NAF	nonappropriated fund
NATO	North Atlantic Treaty Organization
NCO	noncommissioned officer
OAICN	organizational accident identification code number
POV	privately owned vehicle
SOC 40	Safety Officer and NCO Course
SOFA	Status of Forces Agreement
SOHO	Safety and Occupational Health Office, Office of the G1, HQ USAREUR/7A
SSN	social security number
STANAG	standardization agreement
UIC	unit identification code
U.S.	United States
USAREUR	United States Army, Europe
USAREUR/7A	United States Army, Europe, and Seventh Army
USACRC	United States Army Combat Readiness Center
WBV IV5	<i>Wehrverwaltung IV5</i> (Military Administration IV 5)

## **SECTION II TERMS**

### **Army accident**

An unplanned event, or series of events, that results in injury or illness to either Army or non-Army personnel, or damage to Army or non-Army property as a direct result of Army operations. Accidents that result in more than \$2,000 of damage to Army property, or a workday lost by Army personnel, when there is no degree of fault by the Army (military or civilian), are reported and recorded in the Risk Management Information System as recordable accidents.

### **Army ground accident categories**

- **class A accident:** An Army accident in which the resulting total cost of property damage is \$1,000,000 or more; an Army aircraft or missile is destroyed, missing, or abandoned; or an injury or occupational illness (or both) results in a fatality or permanent total disability.
- **class B accident:** An Army accident in which the resulting total cost of property damage is \$200,000 or more, but less than \$1,000,000; an injury or occupational illness (or both) results in permanent partial disability, or when five or more personnel are hospitalized as inpatients as the result of a single occurrence.
- **class C accident:** An Army accident in which the resulting total cost of property damage is \$10,000 or more, but less than \$200,000; a nonfatal injury that causes any loss of time from work beyond the day or shift on which it occurred; or a nonfatal occupational illness that causes loss of time from work (for example, 1 work day) or disability at any time (lost time case).
- **class D accident:** An Army accident in which the resulting total cost of property damage is \$2,000 or more but less than \$10,000.

### **standardization agreement**

A NATO regulation that applies to all NATO member nations.

### **unhemolyzed**

No disintegration of red blood cells.