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

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

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY ☐ Day ☐ Night ☐ Dusk ☐ Dawn	3. ACDT CLASS	4. COMBAT STATUS ☐ Combat ☐ Non-Combat

5. UNIT IDENTIFICATION	a. UIC *(6-digit Code)*	b.Unit Address	c. Unit's Branch	5d. Army HQ's

6. LOCATION OF ACCIDENT	a. Exact Location	b. Type Location	6c. Grid Coordinates/Lat-Long

d. State/Country	e. ☐ Off Post ☐ On Post Name:	7. EXPLOSIVES/AMMO INVOLVED? ☐ Yes ☐ No

8. MISSION	a. Briefly describe the mission.	b. METL Task? ☐ Yes ☐ No

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#1						

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
					☐ Yes ☐ No

	a. Type of Item *(Nomenclature)*	b. Make/Model #	c. Serial #	d. Ownership	e. Estimated Cost of Damage	f. Vehicle Collision
#2						

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
					☐ Yes ☐ No

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.)*

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)*			
☐	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

b. Describe how the materiel failed/malfunctioned and explain why *(root cause)*.

11a. NAME *(Last, First, MI) (include Address and UIC if different than Blks 5a and 5b.)*	12. SSN	13a. PERSONNEL CLASSIFICATION	13b. DATE ASSIGNED/HIRED *(YYYYMMDD)*

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)*	
			☐ On-duty ☐ Off-duty	☐ Leave ☐ Pass	Date from *(YYYYMMDD)* Date to *(YYYYMMDD)*

16. DOB *(YYYYMMDD)*	17. GENDER	18. PAY GRADE	19. FLIGHT STATUS
			☐ Yes ☐ No

20. MOST SEVERE INJURY *(See Instructions)*	a. Degree	Date of Death *(YYYYMMDD)*	b. Type	c. Body Part	d. Cause

21. LOST TIME	ACTIVITY OF INDIVIDUAL *Provide code (from list in instructions) and describe in space below.*
a. Days Hospitalized b. Days lost not Hospitalized c. Days Restricted d. Treated in ER ☐ Yes ☐ No	23. ACTIVITY CODE *(If activity is parachuting, complete Blk 38)* 24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK
22a. OSHA Log 300 Case No. b. Name of Physician c. Name and Address of Treatment Facility	

25. PERSONAL PROTECTIVE EQUIPMENT CHECK APPROPRIATE BLOCK*(S)*		AVAILABLE? Yes	AVAILABLE? No	USED? Yes	USED? No	N/A
☐	a. Seat Belt	☐	☐	☐	☐	☐
☐	b. Restraint System	☐	☐	☐	☐	☐
☐	c. Goggles/glasses/visor	☐	☐	☐	☐	☐
☐	d. Gloves	☐	☐	☐	☐	☐
☐	e. Ear Plugs	☐	☐	☐	☐	☐
☐	f. IBA	☐	☐	☐	☐	☐
☐	g. Other *(Specify)* _____	☐	☐	☐	☐	☐
☐	h. Helmet	☐	☐	☐	☐	☐
	DOT Approved (if Motorcycle) ? Yes ☐ No ☐					

26. ALCOHOL/DRUGS CAUSE/CONT	27. EQUIP THIS PERSON WAS ASSOCIATED WITH? *(Enter Item No. from Blk 9)*
☐ Yes BAC % _____ ☐ No ☐ Unknown	
28a. LICENSED TO OPERATE EQUIPMENT ☐ Yes ☐ No ☐ N/A	28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING ☐ Yes ☐ No If Yes, Date: _____
28c. MSF CERTIFIED ☐ Yes ☐ No If Yes, Date: _____	29. DUTY HOURS a. Time work began (e.g., 0645): _____ b. Continuous hours: _____

30. HRS SLEEP LAST 24	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING
	☐ Yes ☐ No		

34. FIELD EXERCISE/NAMED OPERATION	35. NIGHT VISION SYSTEM USED
☐ Yes ☐ No If Yes, provide name: _____	☐ Yes ☐ 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 ☐ Yes ☐ No	c. Tell what the mistake was and how it caused/contributed to the accident or serverity of injury/damage.
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 *(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)*			
☐	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

37b. Describe root cause(s) *(reason)* and tell how it/they caused the mistake.

38. PARACHUTE INFORMATION FOR PERSON LISTED IN Blk 11.

a. Jumper Height	g. Wind Direction/Speed at	m. Type of Last Jump	39. ENVIRONMENTAL CONDITIONS
b. Jumper Weight	Jump Height Drop Zone	n. Number of Previous Jumps	a. Present:
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training *(YYYYMMDD)*	#1 ☐ Yes ☐ No ☐ Unk
d. Parachute Type/Model	i. Position in Stick		#2 ☐ Yes ☐ No ☐ Unk
e. Equpiment	j. Door Exited	p. Type Aircraft	#3 ☐ Yes ☐ No ☐ Unk
	k. Time Pre-jump Conducted	q. Accident Factors (parachute)*(Explain as necessary)*	b. Caused/Contributed:
f. Wt. of Equipment	l. Date of Last Jump		#1 ☐ Yes ☐ No ☐ Unk
			#2 ☐ Yes ☐ No ☐ Unk
			#3 ☐ Yes ☐ No ☐ Unk

40. PROVIDE BRIEF SYNOPSIS OF ACDT *(Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)*

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#				
b. Quantity				
c. Net Explosive Weight *(NEW)*				
d. DoDIC/DoDAC				

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name *(Last, First, MI),* Rank Position/Title			b. Telephone No. DSN: _____ COM: _____	
			c. Email Address:	
44. COMMAND REVIEW	a. Name	b. Signature	c. Rank	d. Date *(YYYYMMDD)*
45. SAFTETY OFFICE REVIEW	a. Name, Rank & Title			b. Phone Number
c. Email Address		d. Date Reviewed *(YYYYMMDD)*	e. Local Report No. *(Safety Office use only)*	