

UNIT: [REDACTED]

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 HAS 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/INDIVIDUAL/OTHER)? [REDACTED]

B. WHO APPROVED THE MISSION/TRAINING? [REDACTED]

C. WAS RISK MANAGEMENT PERFORMED? [REDACTED]

(1) WHO PERFORMED ASSESSMENT(RANK/POSITION)? [REDACTED]

(2) WHO ACCEPTED RISKS (RANK/POSITION)? [REDACTED]

(3) WHAT WAS THE LEVEL OF RISK AFTER THE CONTROLS WERE APPLIED?

(SELECT ONE: LOW/MEDIUM/HIGH/EXTREMELY HIGH) [REDACTED]

(4) HOW WAS THE RISK MANAGEMENT PROCESS COMMUNICATED? (SELECT ONE OR MORE: ORDER/WORKSHEET/VERBAL BRIEF/NOT COMMUNICATED.) [REDACTED]

(5) WAS THE ACCIDENT EVENT IDENTIFIED/CONSIDERED DURING RISK MANAGEMENT PROCESS (Y/N)? [REDACTED]

(A) IF YES, WHAT WAS THE LEVEL OF THE IDENTIFIED RISK? (SELECT ONE: LOW/MEDIUM/HIGH/EXTREMELY HIGH) [REDACTED]

(B) IF YES, CONTROL MEASURE(S) APPLIED (YES/NO)? [REDACTED]

(C) IF YES, WHO WAS RESPONSIBLE FOR IMPLEMENTING CONTROL(S)
(RANK/POSITION)? [REDACTED]

D. IF YES, WAS THE POTENTIAL FOR THE ACCIDENT EVENT ACCEPTED AS RESIDUAL RISK (YES/NO)? [REDACTED]

WHO WAS IN CHARGE DURING THE MISSION/TRAINING (RANK/POSITION)? [REDACTED]

E. WHO WAS THE SENIOR LEADER PRESENT DURING THE MISSION/TRAINING
(RANK/POSITION)? [REDACTED]

3. **FOR AVIATION ACCIDENTS**, Using DA PAM 385-40 PARAGRAPH 4-4, ANALYSIS, for information format; place information in PART IV, NARRATIVE, TECHNICAL REPORT OF AVIATION ACCIDENT (DA FORM 2397-3-R) OR BLOCK 15, ABBREVIATED AVIATION ACCIDENT REPORT (AAAR, DA FORM 2397-AB-R), TO DOCUMENT ANSWERS TO QUESTIONS IN PARAGRAPH 1&2 ABOVE. THIS REQUIREMENT DOES NOT APPLY TO CLASS E OR FOD INCIDENTS.

4. **FOR GROUND ACCIDENTS**, Using DA PAM 385-40 PARAGRAPH 4-4, ANALYSIS, for information format; place information in Section H number 76 with a continuation sheet attached to the U.S. ARMY ACCIDENT REPORT, DA FORM 285, OR BLOCK 39, of the ABBREVIATED GROUND ACCIDENT REPORT (AGAR, DA FORM 285-AB-R), TO DOCUMENT ANSWERS TO QUESTIONS IN PARAGRAPH 1&2 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)? [REDACTED] IF YES,

(1) HOW LONG WAS THE SOLDIER ON LEAVE OR PASS WHEN THE ACCIDENT OCCURRED? [REDACTED]

(2) DID THE ACCIDENT OCCUR WHEN GOING TO THE LEAVE/PASS DESTINATION OR RETURNING FROM HIS LEAVE/PASS DESTINATION (Y/N)? [REDACTED]

B. WAS THE SOLDIER DEPLOYED WITHIN THE 365 DAYS PRIOR TO THE ACCIDENT (Y/N)? [REDACTED] IF YES,

(1) WHEN DID THE SOLDIER RETURN FROM THE DEPLOYMENT? [REDACTED]

- (2) HOW LONG WAS THE DEPLOYMENT? _____
- (3) WHERE WAS THE DEPLOYMENT? OIF/OEF/OTHER _____

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? _____

7. THIS INFORMATION IS REQUIRED UNTIL 1 APRIL 2006.

Commanders Initials Required _____