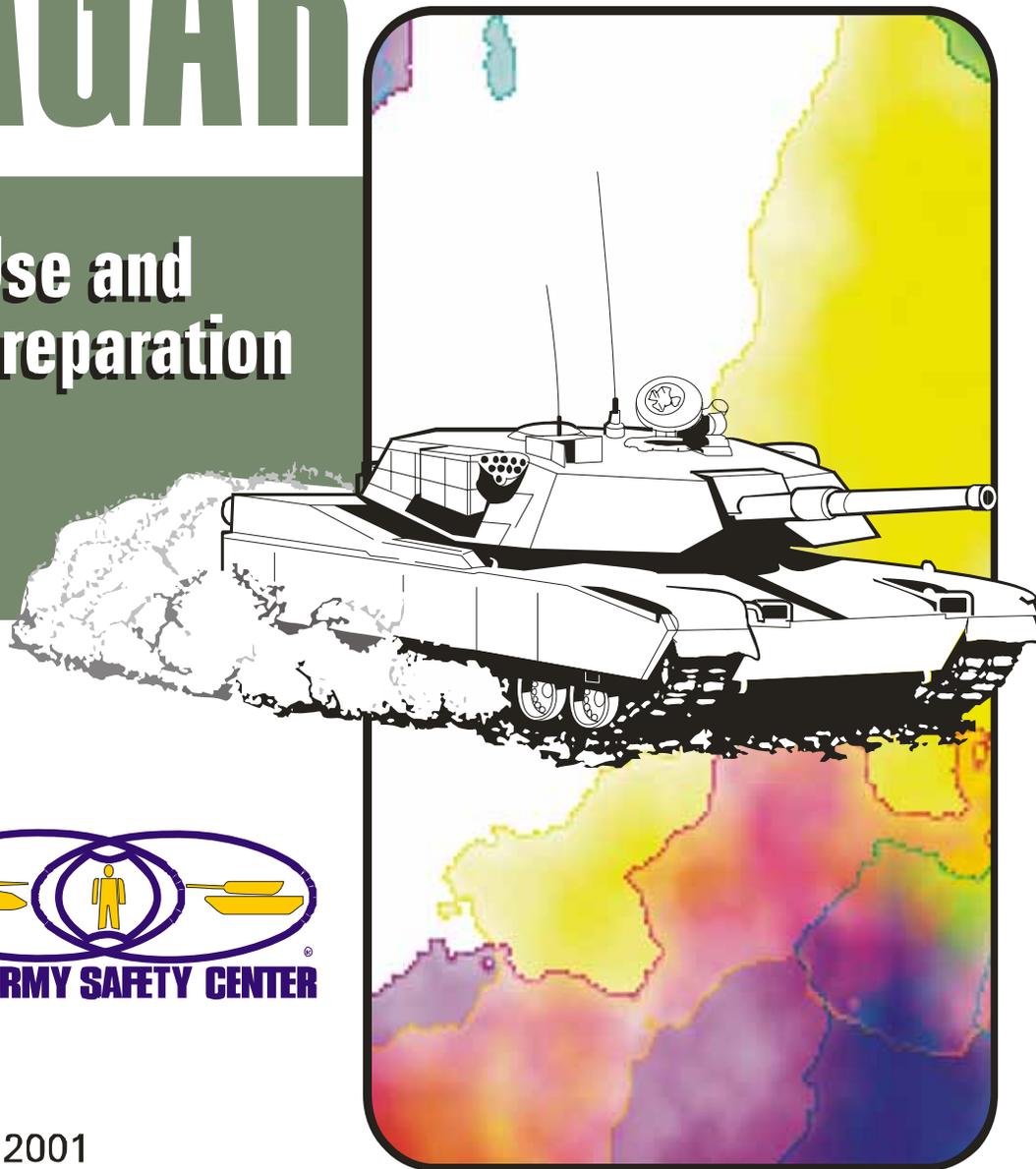


# AGAR

## Abbreviated Ground Accident Report

**Use and  
Preparation**



Nov 2001

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**DA Form 285-AB**  
**Abbreviated Ground Accident Report**  
**(AGAR) is a two-page fill-in-the-block/narrative form used**  
**for reporting specific ground accidents**  
**IAW AR 385-40**

**Summary of Reporting Requirements**

**All accidents**

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**All accidents** (regardless of accident class or personnel duty status) **must be reported** to the local safety office and to the immediate commander or supervisor whose operation, personnel, or equipment is involved.

**On-duty accidents**

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- **Class A & B accidents.** The U.S. Army Safety Center (USASC) must be notified immediately about any on-duty Army ground accident. The information required is on the "Telephone Notification of Ground Accident" worksheet in AR 385-40. These accidents are not reported on the AGAR. They require follow-up with a completed DA Form 285 or appropriate Department of Labor form for civilian personnel accidents involving injury:
- **Class C & D accidents.** All Class C and D accidents will be reported on the AGAR within 30 days of the date of the accident. Appropriate additional substantiating information should be attached to the AGAR when it is forwarded to the USASC. Use the appropriate Department of Labor form for civilian personnel injuries.

**Off-duty accidents**

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- **Class A & B accidents.** The U.S. Army Safety Center must be notified immediately about any off-duty Army ground accident. The information required is on the "Telephone Notification of Ground Accident" worksheet in AR 385-40. These accidents will require follow-up with a completed AGAR within 30 days of the date of the accident.
- **Class C & D accidents.** All Class C and D accidents will be reported on the AGAR within 30 days of the date of the accident.

**Combat accident reporting**

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- **All classes of accidents.** The AGAR may be used to report all classes of accidents in areas of combat or contingency operations when the theater senior tactical commander determines that the situation, condition, and/or time does not permit normal investigation and reporting procedures. Standard reporting procedures found in AR 385-40 will be used when time and conditions permit. All Class A and B accident initial notification will be telephonic to USAC or its field representative in the theater of operations.

# GROUND ACCIDENTS NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES

| PEACETIME      |                                   |              |                 | COMBAT-2                          |  |
|----------------|-----------------------------------|--------------|-----------------|-----------------------------------|--|
| ACCIDENT CLASS | TELEPHONIC NOTIFICATION WORKSHEET | AGAR         | DA FORM 285     | TELEPHONIC NOTIFICATION WORKSHEET | AGAR ONLY<br>By any Means Possible<br>(Message Execution:<br>Fax, Phone, Hand Carry, Mail) |
| ON-DUTY<br>A   | Immediately -1                    | Not Required | IAI/CAI-90 days | Immediately -1                    | As time Permits<br>(Not to Exceed 30 days)   |
| B              | Immediately -1                    | Not Required | IAI/CAI-90 days | Immediately -1                    | As time Permits<br>(Not to Exceed 30 days)   |
| C              | Not Required                      | W/in 30 days | Not Required    | Not Required                      | As Time Permits<br>(Not to Exceed 30 days)   |
| D              | Not Required                      | W/in 30 days | Not Required    | Not Required                      | As Time Permits<br>(Not to Exceed 30 days)   |
| OFF-DUTY<br>A  | Immediately -1                    | W/in 30 days | Not Required    | Immediately -1                    | As Time Permits<br>(Not to Exceed 30 days)   |
| B              | Immediately -1                    | W/in 30 days | Not Required    | Immediately -1                    | As Time Permit<br>(Not to Exceed 30 days)  |
| C              | Not Required                      | W/in 30 days | Not Required    | Not required                      | As Time Permit<br>(Not to Exceed 30 days)  |
| D              | Not Required                      | W/in 30 days | Not Required    | Not Required                      | As Time Permit<br>(Not to Exceed 30 days)  |

- NOTE:** 1. USASC must be notified IMMEDIATELY by phone at DSN 558-2660/2539/3410 or Commercial (334) 255 2660/2539/3410 or notify Safety rep forward (during Combat).  
2. When the senior tactical commander determined that the situation, conditions or time does not permit normal peacetime investigation and reporting.

\* Report accidents that result in injury to Army civilian employees on appropriate Department of Labor (DOL) forms IAW AR 385-40.

## Forwarding forms

Forward the original of the completed AGAR to USASC. Units should consult their local Safety Office for the proper routing of reports in their commands.

When time-sensitive safety-of-use issues are involved, telephonically notify the USASC (334) 255-2660/3410 or DSN 558-2660/3410.

Forward reports to USASC as follows:

- Mail to: Commander, U.S. Army Safety Center, ATTN: CSSC-SDA, Bldg 4905, 1209 5<sup>th</sup> Ave, Fort Rucker, AL 36362-5363
- Fax: (334) 255-2266 or DSN 558-2266
- Email: [accidentinformation@safetycenter.army.mil](mailto:accidentinformation@safetycenter.army.mil)

Points of contact for question or help in completing this form are available at your local Safety Office or at USASC (334)-255-2256 or DSN 558-2256.

# Detailed Instructions for Completing the AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of accident, the unit/activity accountable for the accident, and the blocks being continued. For accidents involving more than one person, the entire form will be completed on the most responsible reportable person. An additional AGAR with Blocks 1, 5, and 11 through 37 will be completed for each additional person who contributed to the cause of the accident or was injured in the accident sequence. The instructions are keyed to block numbers.

**Block 1.** Enter the year, month, day, and local time of the accident.

**Block 2.** Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light.

**Block 3.** Enter the accident classification from the following criteria, i.e. "A", "B", "C", or "D".

## Accident Classification Criteria

- **Class A.** The resulting total cost of reportable damage is \$1,000,000 or more, an Army Aircraft is destroyed, or an injury and/or occupational illness results in a fatality or permanent total disability.
- **Class B.** The resulting total cost or reportable property damage is \$200,000 or more but less than \$1,000,000, an injury and/or occupational illness results in permanent partial disability, or three or more personnel are inpatient hospitalized.
- **Class C.** The resulting total cost of property damage is \$20,000 or more but less than \$200,000, a nonfatal injury causes any loss of time from work beyond the day or shift on which it occurred, or a nonfatal illness or disability causes loss of time from work or disability at any time (lost-time case).
- **Class D.** The resulting total cost of property damage is \$2,000 or more but less than \$20,000. No lost workday and restricted activity injuries, not involving \$2,000 of property damage, are not required to be reported to USASC.

**Block 4.** Check the appropriate box.

**Block 5.** Enter the unit or activity accountable for this accident. Also, enter the abbreviation of the unit's branch (branch of the Army with which unit is affiliated) from the list below. (NOTE: If accident was caused solely by material failure or environmental factors, enter the unit or activity experiencing the accident).

|           |                                |
|-----------|--------------------------------|
| <b>AG</b> | Adjutant General Corps         |
| <b>AD</b> | Air Defense Artillery          |
| <b>AR</b> | Armor                          |
| <b>SP</b> | Army Medical Specialist Corps  |
| <b>AN</b> | Army Nurse Corps               |
| <b>AV</b> | Aviation                       |
| <b>CH</b> | Chaplain                       |
| <b>CM</b> | Chemical                       |
| <b>DC</b> | Dental Corps                   |
| <b>EN</b> | Engineers                      |
| <b>FA</b> | Field Artillery                |
| <b>FI</b> | Finance Corps                  |
| <b>IN</b> | Infantry                       |
| <b>JA</b> | Judge Advocate General's Corps |
| <b>MC</b> | Medical Corps                  |
| <b>MS</b> | Medical Service Corps          |
| <b>MI</b> | Military Intelligence          |
| <b>MP</b> | Military Police                |
| <b>OD</b> | Ordnance                       |
| <b>PA</b> | Public Affairs                 |
| <b>QM</b> | Quartermaster Corps            |
| <b>SC</b> | Signal Corps                   |
| <b>SF</b> | Special Forces                 |
| <b>TC</b> | Transportation Corps           |
| <b>VC</b> | Veterinary Corps               |

**Block 6a.** Enter the exact location of the accident (e.g. building #, street/highway #, distance from nearest landmark, etc.).

**Block 6b.** Enter one code from the list below for the primary function of the accident location.

- **Maintenance/fabrication facilities**

- A1** Vehicle facility (motor pool, maintenance shop)
- A2** Aircraft facility (hangar)
- A3** Vessel facility (boat overhaul/rebuild facility)
- A4** Engineer facility (carpentry, electrical, plumbing shop, etc.).
- A5** Other maintenance facility

- **Travel ways**

- B1** Pedestrian way (sidewalk)
- B2** Vehicle trail (tank trail)
- B3** Roadway (street, curb, shoulder, driveway)
- B4** Parking lot
- B5** Aircraft way (flight line, runway)
- B6** Railroad

- **Other operation facilities/areas**

- C1** Office building
- C2** Communications facility
- C3** Construction site
- C4** Security/law-enforcement facility
- C5** Bridge
- C6** Dam
- C7** Navigation locks
- C8** Barge
- C9** Dredge
- C10** Floating plant
- C11** Vessel (not elsewhere coded)
- C12** ARNG/reserve armory

- **Training areas**

- D1** Range-small arms/ individual weapons
- D2** Range-crew-served weapons
- D3** Range-Aerial firing/ bombing
- D4** Range-infiltration course
- D5** Dedicated non-firing training area (obstacle/confidence course, parachute drop zone, landing zone, stage field)
- D6** Temporary training area (unit assembly area, bivouac area)
- D7** Range-EOD

- **Service facilities**

- E1** Library
- E2** Chapel/church
- E3** Child-care center
- E4** Post office
- E5** Laboratory
- E6** Medical care facility
- E7** Fire station
- E8** Commissary
- E9** Post Exchange
- E10** Dining Facilities
- E11** Post exchange, gas station, etc.
- E12** Museum
- E13** Animal-care facility
- E14** Refuse disposal area
- E15** Laundry/dry cleaning facility

- **Terrain and water locations**

- F1** Sloped terrain (ditch, mountain)
- F2** Wooded terrain (forest, swamp, marsh)
- F3** Open terrain (field, desert)
- F4** Moving bodies of water (creek, stream, river)
- F5** Standing bodies of water (pond, lake, ocean)
- F6** Lake shore/beach Storage facilities
- G1** Storage building
- G2** Outside storage area (POL dump, property disposal area)

- **Plant and factories**

- H1** Heating plant
- H2** Printing plant
- H3** Electrical generating plant (includes power substation)
- H4** Ammunition/weapons manufacturing plant
- H5** Other industrial plants and factories

- **Recreational/entertainment facilities**

- I1** Indoor facilities (bowling alley, gym, movie theater, swimming pool)
- I2** Outdoor facilities (playing fields, gold course, swimming pool)

- **Housing facilities**

- J1** Family housing

**J2** Individual housing (BOQ, barracks rooms)

• **Freight and passenger terminals**

**K1** Airports/Airfield (includes control tower)

**K2** Rail station/yard

**K3** Port/dock/wharf

**K4** Vehicle terminal (bus station, truck terminal)

• **School facilities**

**L1** Kindergarten through grade 12

**L2** Army-operated technical/occupational training facilities/classrooms

**L3** Non-Army-operated technical/operational training facilities/classrooms (university/college classes)

• **Hobby shop**

**M1** Auto hobby shop

**M2** Woodworking hobby shop

**M3** Other hobby shop

**Block 6c.** Enter the name of the state or country in which the accident occurred.

**Block 6d.** Indicate whether the accident occurred on-or-off-post; if on-post, enter the name of the installation/activity.

**Block 7a.** Check yes if explosives, ammunition, or pyrotechnics were **PRESENT**.

**Block 7b.** Check yes if explosives, ammunition or pyrotechnics were **INVOLVED**.

**Block 8a.** Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, so state.

**Block 8b.** Was the task a METL task? Check the appropriate box.

**Block 9.** "Involved" means vehicle/equipment/material/property that is damaged, whose use or misuse, material failure/malfunction caused or contributed to the

accident. Include Army and non-Army equipment/ material. Use one line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary.

**Block 9a.** Enter the name of the equipment /material involved.

**Block 9b.** Enter the equipment model.

**Block 9c.** Indicate who owns the vehicle/equipment/material (e.g., DOD, DA, unit, POV, etc.).

**Block 9d.** Enter an estimate of the damage cost for the piece of equipment listed in block 9a.

**Block 9e.** From the list below, select the type(s) of collision in which this property material was involved. More than one collision type might be appropriate for the property/material. If so, enter, up to three in the space provided. If "Other" is selected, specify the type of collision in the space provided. If no collision was involved, leave blank.

- 1 Going forward and collided with moving vehicle
- 2 Going forward and collided with parked vehicle
- 3 Collision while backing
- 4 Collision with pedestrian
- 5 Collision with object other than vehicle/pedestrian
- 6 Overturned
- 7 Ran off road
- 8 Jackknifed
- 9 Going forward and rear-ended moving vehicle
- 10 Going forward and rear-ended stopped vehicle
- 11 Collision while turning
- 12 Other (specify)

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**NOTE:** *If the item in block 9a experienced a material failure or malfunction that caused or contributed to the accident, complete*

**blocks 9f-9k and block 10. If not, skip to block 11.**

---

**Block 9f.** Enter the code from the list below that indicates how the component/part failed or malfunctioned (mode or failure). Explanation of these codes is contained Table B-3, Appendix B, DA PAM 385-40.

- 01** Overheated/burned/ melted. (Key words: blister, boil, carbonize, char, flame, fuse, and glaze)
- 02** Froze (temperature). (Key words: congeal, solidify)
- 03** Obstructed/pinched/clogged. (Key words: block, crimp, restrict)
- 04** Vibrated. (Key words: oscillate, shake)
- 05** Rubbed/worn/frayed. (Key score, scrape)
- 06** Corroded/rusted/pitted. (Key words: erode, oxidize)
- 07** Over-pressured/burst. (Key words: balloon, bulge, explode, rupture, swell)
- 08** Pulled/stretched. (Key word elongate)
- 09** Twisted/torque. (Key words: turn)
- 10** Compressed/hit/ punctured. (Key words: chip, collapse, crush, dent, nick, pinch, press)
- 11** Bent/warped. (Key words: bow, buckle)
- 12** Sheared/cut. (Key word: chop, sever)
- 13** Decayed/decompose. (Key words: mildew, rot, spoiled)
- 14** Electric current action. (Key words: short arc, fusing, grounding, amperage, voltage, surge)
- 97** Insufficient data to determine mode of failure

**Block 10.** Check the appropriate box, which best describes the cause for the Material failures/malfunction. Failures can be caused by leader, standard, or support failures:

- **Leader failure:** Standards/procedures are known but are not enforced.
- **Standards failure:** Standards/procedures are not clear/practical or do not exist (e.g., AR, TM, FM, SOP, etc.).
- **Support failure:** Shortcomings in type capability, amount, or condition of equipment, supplies, services, or facilities (equipment/material not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities/services; shortcomings in personnel by quantity of qualifications.

**Block 10a.** Determine the underlying reason (root cause) the material failed or malfunction and check the block accordingly (see Table B-5, Appendix B, DA PAM 385-40, for an explanation of code terms)

**Block 10b.** Describe how the material failed or malfunctioned and explain why (explain mode of failure from block 9f and root cause from block 10a).

**Block 11.** Enter last name, first name, and middle initial of involved person. Include UIC if it is different from block 5a.

**Block 12.** Enter the SSN of the individual listed in block 11.

**Block 13.** Enter the code from the list below for the classification (at the time of the accident) of the person listed in block 11. Enter only ONE code.

- A** Active Army
- B** Army civilian
- C** Army contractor
- D** Non-appropriate fund
- E** Other U.S. military
- F** ROTC
- G** Dependent
- H** NGB technician
- I** NGB IDT
- J** NGB AT
- K** NGB ADSW
- L** NGB AGR

|          |  |
|----------|--|
| <b>M</b> | NGB ADT                                |
| <b>N</b> | USAR IDT                               |
| <b>O</b> | USAR AT                                |
| <b>P</b> | USAR ADT                               |
| <b>Q</b> | USAR FTM                               |
| <b>R</b> | Foreign Nat'l Direct Hire              |
| <b>S</b> | Foreign Nat'l Indirect Hire            |
| <b>T</b> | Foreign Nat'l KATUSA                   |
| <b>U</b> | Foreign Nat'l attached to U.S.<br>Army |
| <b>V</b> | Public                                 |
| <b>W</b> | Not Reported                           |

**Block 14.** Enter the MOS or job series of the individual listed in block 11.

**Block 15.** Check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11.

**Block 16.** Enter the age of the individual listed in block 11.

**Block 17.** Enter "M" for male or "F" for female.

**Block 18.** Enter the rank/pay grade for the individual listed in block 11 (e.g., E5, O3, GS-11, WG-8),

**Block 19.** Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

**Block 20a.** Enter the code that indicated the severity of the injury to the individual. If more than one applies, enter the most severe. See Glossary, Section II, Terms, AR 385-40 for definition of the following.

|          |                              |
|----------|------------------------------|
| <b>A</b> | Fatal                        |
| <b>B</b> | Permanent total disability   |
| <b>C</b> | Permanent partial disability |
| <b>D</b> | Days away from work          |
| <b>E</b> | Restricted work activity     |
| <b>F</b> | First Aid only               |
| <b>G</b> | No Injury                    |

**Block 20b.** Enter the code that best described this person's most serious injury type.

|          |                  |
|----------|------------------|
| <b>A</b> | Burns (chemical) |
|----------|------------------|

|           |                            |
|-----------|----------------------------|
| <b>B</b>  | Burns (thermal)            |
| <b>C</b>  | Amputation                 |
| <b>D</b>  | Decompression sickness     |
| <b>E</b>  | Asphyxiation (suffocation) |
| <b>F</b>  | Fractures                  |
| <b>G</b>  | Dislocation                |
| <b>H</b>  | Abrasions                  |
| <b>I</b>  | Concussion                 |
| <b>J</b>  | Sprains/strain             |
| <b>K</b>  | Cuts/lacerations           |
| <b>L</b>  | Contusion                  |
| <b>M</b>  | Puncture wound             |
| <b>N</b>  | Hernia, rupture            |
| <b>O</b>  | Frostbite                  |
| <b>P</b>  | Heatstroke                 |
| <b>Q</b>  | Heat exhaustion            |
| <b>R</b>  | Noise injury/illness       |
| <b>S</b>  | Other (specify)            |
| <b>NA</b> | None/non- applicable       |

**Block 20c.** Enter the code that best described the most serious injured part of this person's body. (Body part entered here should be one with the injury indicated in previous block.)

|           |                                |
|-----------|--------------------------------|
| <b>A</b>  | Body (general, cannot specify) |
| <b>B</b>  | Head                           |
| <b>C</b>  | Forehead                       |
| <b>D</b>  | Eyes                           |
| <b>E</b>  | Nose                           |
| <b>F</b>  | Jaw                            |
| <b>G</b>  | Neck                           |
| <b>H</b>  | Trunk                          |
| <b>I</b>  | Chest                          |
| <b>J</b>  | Heart                          |
| <b>K</b>  | Back                           |
| <b>L</b>  | Shoulder                       |
| <b>M</b>  | Arms                           |
| <b>N</b>  | Wrist                          |
| <b>O</b>  | Hand                           |
| <b>P</b>  | Fingers                        |
| <b>Q</b>  | Leg                            |
| <b>R</b>  | Knee                           |
| <b>S</b>  | Ankle                          |
| <b>T</b>  | Foot                           |
| <b>U</b>  | Toes                           |
| <b>V</b>  | Other                          |
| <b>NA</b> | None/non-applicable            |

**Block 20d.** Enter the code that best described the cause of the most serious injury to this individual.

- A Struck against
- B Struck by
- C Fell from elevation
- D Fell from same level
- E Caught in/under/between
- F Rubbed/abraded
- G Bodily reaction
- H Overexertion
- I Exposure
- J External contact
- K Ingested
- L Inhaled
- M Thrown from
- NA None/non-applicable

**Block 21.** Enter the estimated or actual total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Do not include days hospitalized for "observation only".

**Block 22a.** Enter the estimated or actual number of days this individual; will be away from work (totally unable to perform any work, on bed rest/quarters). Do not include days hospitalized listed in Block 21, or the day of injury.

**Block 22b.** Enter the estimated or actual number of workdays the individual will not be able to perform all of his or her regular duties AFTER going back to work (light duty/profile).

**Block 23.** Enter the code from the list below that best described the individual's activity at the time of the accident. Enter only one code. If the person was engaged in more than one activity at the time of the accident, check the most relevant to the cause of the accident. For Definitions, see Section III, Glossary, DA PAM 385-40.

- A Soldering
- B Combat soldiering
- C Physical training

- D Weapons handling
- E Engineering or construction
- F Communication
- G Security/law enforcement
- H Fire-fighting
- I Patient care
- J Test/study/experiments
- K Educational
- L Information and art
- M Food and drug inspection
- N Laundry/dry cleaning
- O Pest/plant control
- P Operating vehicle/vessel
- Q Handling animal
- R Maintenance/repair/ servicing
- S Fabricating
- T Handling material/ passengers
- U Janitorial/housekeeping, etc.
- V Food/drink/ preparation
- W Supervisory
- X Office
- Y Counseling/advisory
- Z Sports
- AA Hobbies
- BB Passenger
- CC Human movement
- DD Horseplay
- EE By-standing/spectating
- FF Personal hygiene/ eating/sleeping
- GG Parachuting

**Block 24.** Enter a concise description of the individual activity/task at the time of the accident.

**Block 25a.** Check YES or NO to indicate whether any personal protective clothing or equipment was required for the activity/task being performed by this individual. If YES, complete blocks 25b-d. If NO, skip to block 26.

**Block 25b.** Enter the code for the type of equipment that was required.

- A Seat belt
- B Helmet
- C Goggles/glasses
- D Gloves
- E Earplugs
- F Other (specify)

**Blocks 25c & 25d.** If protective clothing and equipment was required, determine if it was required, determine if it was available and used, available but not used, or not available. Then, enter YES or NO in the appropriate blocks to indicate the items' availability (block 25c) and use or nonuse (block 25d).

**Block 26.** Check the appropriate box to indicate whether or not alcohol/drugs caused or contributed to the accident.

**Block 27.** Enter the item number (e.g., #1, #2) from block 9a that indicates which piece of equipment this individual was associated with.

**Block 28.** If this individual was operating a vehicle or equipment (at the time of the accident) that required a license to operate, indicate if the individual had such a license (up-to-date). If no license was required or no equipment was being operated, skip to block 29.

**Block 29.** Enter the number of continuous hours (without sleep) this individual was on duty before the accident.

**Block 30.** Enter the number of hours sleep (cumulative) this individual had in the past 24 hours.

**Block 31.** Indicate whether the activity listed in blocks 23 and 24 was part of tactical training (training in field environment that used or develops combat or combat support skills (see note below).

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**NOTE: For this report, the following definitions apply:**

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- **Tactical training.** Training (in a field environment) that uses or develops combat or combat support skills.
- **Field exercise and tactical training.** Begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrived back at the primary duty location from the field.

**Block 32.** If the individual was participating in any type of training, enter the code for the type of training facility being used. If not applicable, leave blank.

- A** Garrison
- B** Local training area
- C** Major training area
- D** NTC
- E** JRTC
- F** CMTC
- G** Standard range facility/live fire
- H** Other (specify)

**Block 33.** For the activity specified in blocks 23 and 24, enter the number of months since last time the individual received training before the accident.

**Block 34.** Check the appropriate box to indicate whether the individual was on command designated field-training exercise, if it has a name (e.g., Team Spirit, Reforger, and Gallant Eagle). Check "NO" if the individual was not participating in a field training exercise.

**Block 35.** Indicate if night vision systems/ devices were being used by this individual at the time of the accident (e.g., night vision goggles, ANPVS-5-A). If used, specify the type. If they caused or contributed to the accident, explain in block 39.

**Block 36a.** Did this individual make a mistake (definite or suspected) that caused and/or contributed to the accident? If the answer is YES complete block 36b & c and block 37. If NO, skip to block 38.

**Block 36b.** Enter the code from the list below that best indicated the type of mistake made by this individual. See Table B-2, Appendix B, DA PAM 385-40 for explanation and examples of the mistakes/error codes.

- **General mistakes/errors**
  - 01** Inadequate planning.
  - 02** Failed to lock, block, or secure; e.g., load.

- 03 Inadequate inspections or checks of vehicle or equipment.
- 04 Failed to use required safety equipment, device, guard, sign, or signal.
- 05 Operating while fatigued when not necessary or directed.
- 06 Improper use of equipment.
- 07 Improper lifting
- 08 Failed to take appropriate precautions for adverse environmental conditions (rain, haze, fog, snow, ice, and reduced visibility).
- 09 Improper body position.
- 10 Improperly walked, ran, or climbed.
- 11 Failed to stay alert or attentive to what was happening (situational awareness of environment, conditions, and operations).
- 12 Failed to ensure adequate clearance/space (enough room) for operation.
- 13 Misjudge clearance (improperly estimated or evaluated).
- 14 Improper weapons handling.
- 15 Improper handling of pyrotechnics or explosives
- 16 Incorrectly pulled or pushed equipment or material.
- 17 Failed to firmly grip or hold equipment or material
- 18 Inadequate crew coordination or communication.

***(Items 19 through 39 reserved for future use.)***

- **Vehicle/equipment specific**

- 40 Excessive speed.
- 41 Improper passing.
- 42 Improper turning.
- 43 Failed to yield right-of –way (other than while turning).
- 44 Failed to stop at controlled intersection.
- 45 Improperly stopped or parked.
- 46 Improper backing.
- 47 Failed to use ground guide when required.

- 48 Ground guide used improperly or incorrect position, signal, or procedure.
- 49 Following too close for environmental conditions or vehicle speed/design.
- 50 Driving in wrong lane.
- 51 Improper lane change.
- 52 Improper braking.
- 53 Improperly shifted gears on vehicle or equipment.
- 54 Abrupt controls or steering response (except while turning).
- 55 Improperly mounted or dismounted vehicle or equipment.
- 56 Operated vehicle or equipment with known malfunction or unsafe mechanical conditions.

***(Items 57-74 reserved for future use.)***

- **Supervisor specific**

- 75 Improper personnel selection or assignment.
- 76 Knowingly allowed equipment operator to violate procedures.
- 77 Failed to ensure proper positioning of personnel before vehicle equipment operation.
- 78 Failed to inform or brief personnel adequately for mission accomplishment.
- 97 Insufficient information reported to identify mistake or error.

**Block 36c.** Describe the mistake and how it caused or contributed to the accident. Be specific.

**Block 37.** General. Mistakes can be caused by shortcomings of leaders, training, standards, support, or the individual:

- **Leader failure.** Standards or procedures are known but are not enforced.
- **Training failure.** Standards exist but school, unit, or on the job training or individual experience is insufficient in content or amount.
- **Standards failure.** Standards or procedures are not clear or practical or

do not exist; e.g., AR, TM, FM, SOP, etc.

- **Support failure.** Shortcomings in type, capability, amount, or condition of equipment, supplies, service, or facilities (equipment or material not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities or services); personnel by quantity or qualifications.
- **Individual failure.** Standards are known but are not followed.

**Block 37a.** Check the box that best describe why this individual made the mistake cited in block 36. See Table B-5, Appendix B, DA PAM 385-40 for definitions of specific causes to help determine the readiness shortcomings or causes responsible for the mistake or error.

**Block 37b.** Describe the root cause and tell how it caused the mistake.

**Block 38.** Enter the codes (no more than three) from the list below to indicate the conditions present at the time of the accident. Also indicate whether the condition caused or contributed to the accident by checking the caused/contributed block and, if YES, explaining in block 39.

- A** Clear/dry
- B** Bright/glare
- C** Dark/dim
- D** Fog/condensation/frost

- E** Mist/rain/sleet/hail
- F** Snow/ice
- G** Dust, fumes, gases, smoke, vapors
- H** Noise, bang, static
- I** Temperature/humidity (cold/heat)
- J** Storm, hurricane, tornado
- K** Wind gust/turbulence
- L** Vibrate/shimmy/sway shake
- M** Radiation/Laser/sunlight
- N** Holes/rocky/ rough/ rutted/ uneven
- O** Inclined/steep
- P** Slippery (not due to precipitation)
- Q** Air pressure (bends, hypoxia, decompression, altitude)
- R** Lightning/static electricity/ grounding
- S** Electromagnetic radiation
- T** Other (specify)

**Block 39.** Provide a brief synopsis of the accident. Explain the sequence of events. Tell how and why the accident happened.

**Block 40.** Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (See Table B-6, Appendix B, DA PAM 385-40).

**Block 41.** Enter the individual's name that can answer questions about this accident.

For questions pertaining to completing or submitting the AGAR, contact MS. Peggy Adams at (334) 255-2256 or DSN 558-2256, email [AdamsP@safetycenter.army.mil](mailto:AdamsP@safetycenter.army.mil)

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