Appendix D

CRTC ACCIDENT AND INCIDENT REPORTING FORMS
1. DTG OF ACCIDENT/INCIDENT (1):______________________________

2. UNIT (5):____________________________________________________

3. LOCATION OF ACCIDENT/INCIDENT (6):___________________________

4. MISSION (BRIEF DESCRIPTION) (8):

5. INDIVIDUAL(S) INVOLVED (11):

<table>
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<tr>
<th>NAME (LAST, FIRST, MI)</th>
<th>SOCIAL SEC. #</th>
<th>GRADE</th>
<th>SEX</th>
<th>AGE</th>
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6. WERE PERSONNEL HOSPITALIZED? (21) YES / NO (CIRCLE ONE)

7. DESCRIBE ACCIDENT/INCIDENT (24):

8. WAS ACCIDENT/INCIDENT CAUSED BY (CIRCLE ALL THAT APPLY) (37):

   LEADER          TRAINING         STANDARDS/PROCEDURES         SUPPORT         INDIVIDUAL

   DESCRIBE:

9. CORRECTIVE ACTIONS TAKEN OR PLANNED (40):

10. POC FOR INFORMATION ON ACCIDENT/INCIDENT (41):

   (INCLUDE NAME, RANK, POSITION, UNIT, HOR, AND PHONE NUMBERS)

11. HAS AN ATS FORM 47A BEEN COMPLETED, IF THE INDIVIDUAL WAS TREATED AT AN OFF-POST MEDICAL FACILITY? YES / NO / NA

12. WAS A COPY LEFT AT THE MEDICAL FACILITY, CAMP RIPLEY MUTF (TMC), AND RANGE CONTROL? YES / NO / NA

(NUMBERS IN PARENTHESES ARE THE LINE ITEM NUMBERS OF DA FORM 285-AB-R)
RANGE ACCIDENT/INCIDENT CHECKLIST
Vehicle / Barrier / Training Area

DATE_______________________

1. Notify Range Control: SINCGARS 36.100/40.400, Motorola radio, or Telephone 320-616-3137 or 320-412-6075.

2. Report the nature of accident/incident and have information available.
   □ Vehicle Accident/Incident
   Date and time of incident:
   Type of accident/incident:
   Personnel injured: Yes No Vehicle damage: Yes No
   Grid: ______________________________________________________
   Activity being conducted:
   Name of individual and unit reporting:

   □ Barrier breach
   Barrier # ____________ or Grid:_______________ Damaged: Yes No
   Date and time of incident:
   Duration in area:
   Number and type of vehicles involved:
   Number of personnel involved:
   Name and unit of individual in charge:

   □ Damage to Training Area or property
   Damage was caused by:
   □ Tracked Vehicle  □ Wheeled Vehicle  □ Troop use  □ Fire  □ Other
   Training Area #_______ and Grid_______________________________
   Approximate amount of damage: ________________________________
   Engineer equipment required: YES NO TYPE:_____________________
   Personnel reporting and Unit: __________________________________

3. Stand by for instructions from Range Control.

4. If Accident/Incident warrants investigation, Range Control may request unit to submit an AGA Form 285-AB-R.
RANGE INCIDENT CHECKLIST
Indirect Fire

1. Immediately place the firing point in Cease Fire Freeze status.

2. All personnel will fall away from weapons without changing settings.

3. Notify Range Control on SINCGARS 36.100/40.400 immediately and give the following information:
   - Name of unit
   - Grid location of weapon round was fired from
   - Type and size of round
   - Azimuth, Elevation, and Charge
     Round was:  Out of Safe  Unobserved
   - Name and Rank of person reporting incident

4. OIC investigates to determine:
   - Personnel injured
   - Equipment Damage
   - General direction (out of limit) that weapon was fired
   - Number of rounds fired
   - Personnel were forward of established firing position
   - Number of personnel forward of firing position
   - Reason forward of position

5. Stand by for instructions from the Range Control.

6. If accident/incident warrants investigation, Range Control may request unit to submit ATS Form 285-AB-R (Accident/Incident Report).

7. Firing will be resumed upon approval from Range Control.
RANGE INCIDENT CHECKLIST
Direct Fire

1. Immediately place the firing point in Cease Fire Freeze status.

2. All personnel will fall away from weapons without changing settings.

3. Notify Range Control: SINCGARS 36.100, Motorola radio, or Telephone 320-616-3134 or cell phone 320-412-6075:
   - Range Designation:
   - Name of unit:
   - Name and rank of person reporting incident:
   - Type of incident:
   - OIC investigation results:

4. OIC investigates to determine:
   - Personnel injured
   - Equipment Damage
   - General direction (out of limit) that weapon was fired
   - Number of rounds fired
   - Personnel were forward of established firing position
   - Number of personnel forward of firing position
   - Reason forward of position

5. Stand by for instructions from Range Control.

6. If accident/incident warrants investigation, Range Control may request unit to submit ATS Form 285-AB-R (Accident/Incident Report).

7. Firing will resume upon approval from Range Control.