

# **Appendix D**

**CRTC ACCIDENT AND INCIDENT REPORTING FORMS**

# CRTC ACCIDENT/INCIDENT REPORT

(Items derived from DA Form 285-AB-R)

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):

NAME (LAST, FIRST, MI)	SOCIAL SEC. #	GRADE	SEX	AGE

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: SINGARS 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 AGAR 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 SINGARS 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: SINGARS 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.**