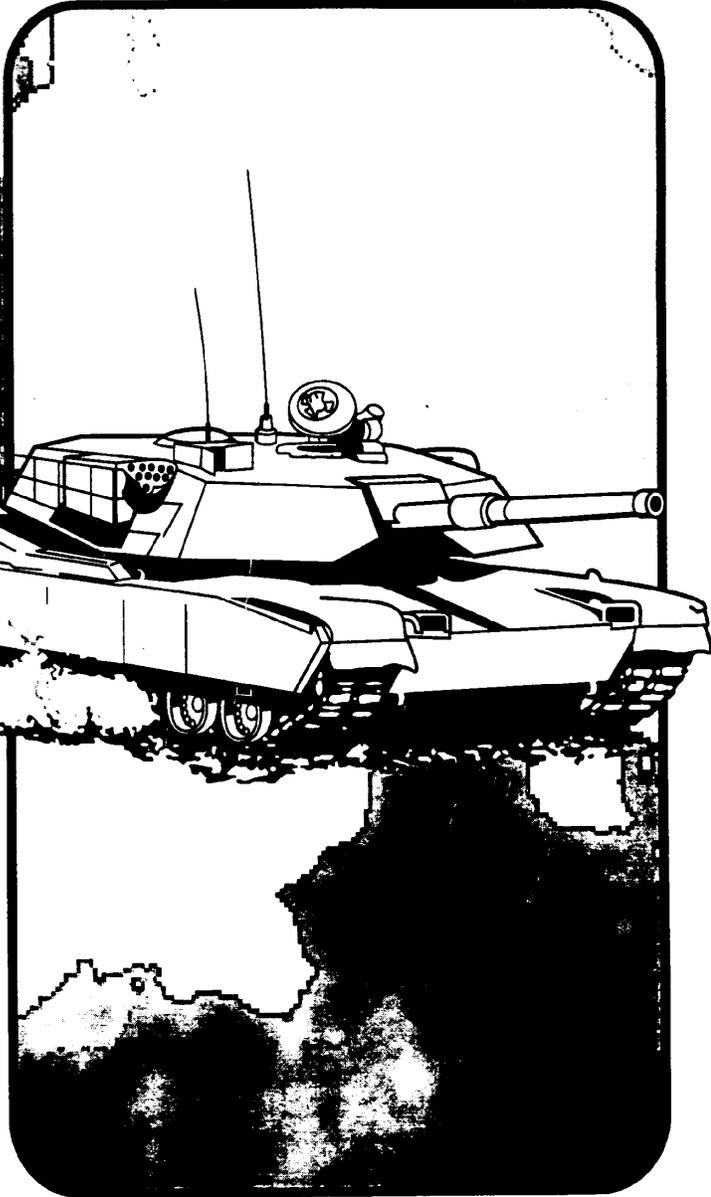
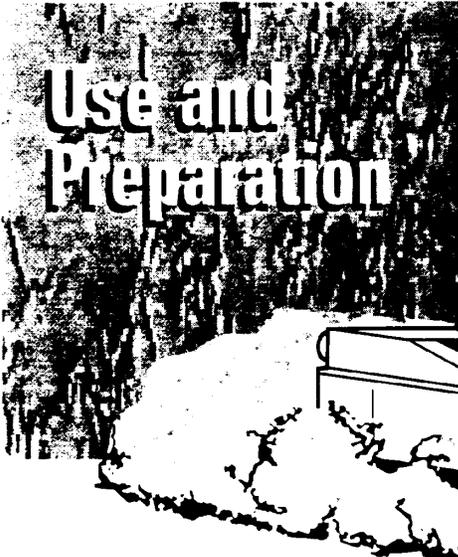


AGAR

Abbreviated Ground Accident Report



April 1995

Revised March 2000 for Cadet Command

Installation Safety Office
Directorate of Safety, Environment, And Fire
Commercial: (210) 221-9882
DSN: 471-9882

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DA Form 285-AB-R, The U.S. Army Abbreviated Ground Accident Report (AGAR) can be downloaded from Army Pubs website: <http://www.usapa.army.mil/> in the following formats: FormFlow, PerFORM Pro, PDF and JetForm.

Additional Instructions to download form DA FORM-285-AB-R:

On the home page of Army Pubs, <http://www.usapa.army.mil/>

1. Click on the menu item “Forms”
2. Click on submenu “ DA Forms And Army SupportedForms”.
3. Click on “ Search by Form number” . In the box displayed type 285

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**DA Form 285-AB;
Abbreviated Ground Accident Report
(AGAR) is a two-page fill-in-the-block form
to be used for ground accidents in
accordance with AR 385-40.**

Summary of Reporting Requirements and Suspenses

All accidents

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

- **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 "Telephonic Notification of Ground Accident" worksheet in AR 385-40. These accidents will not require submission of an AGAR, but they will 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 accident occurrence or on appropriate Department of Labor form for civilian personnel injuries. No DA Form 285 will be required. Appropriate additional information may and should be attached to the AGAR when it is forwarded to USASC.

Off-duty accidents

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 "Telephonic Notification of Ground Accident" worksheet in AR 385-40. These accidents will require follow-up with a completed AGAR within 30 days of accident occurrence.

Class C & D accidents. All Class C and D accidents will be reported on the AGAR within 30 days of accident occurrence.

Combat accident reporting

- All classes of accidents.** As long as conditions permit, standard accident investigation and reporting procedures will be followed. When the senior tactical commander determines that the situation, conditions, and/or time does not permit normal investigating and reporting, all accidents (Class A-D) will be reported on the AGAR as soon as time permits, not to exceed 30 days after the accident. Method of transmission should be dictated by available resources. Class A and B initial-notification will be telephonic to USASC or its field representative in the theater of operations.

GROUND ACCIDENTS NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES *					
ACCIDENT CLASS	PEACETIME			COMBAT ²	
	TELEPHONIC NOTIFICATION WORKSHEET	AGAR	DA FORM 285	TELEPHONIC NOTIFICATION WORKSHEET	AGAR ONLY By Any Means Possible (Message, E-mail, FAX, Phone, Mail)
<u>ON-DUTY</u>					
A	Immediately ¹	Not Required	IAI/CAI – 90 days	Immediately ¹	As Time Permits (Not to Exceed 30 days)
B	Immediately ¹	Not Required	IAI/CAI – 90 days	Immediately ¹	As Time Permits (Not to Exceed 30 days)
C	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
D	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
<u>OFF-DUTY</u>					
A	Immediately ¹	Within 30 days	Not Required	Immediately ¹	As Time Permits (Not to Exceed 30 days)
B	Immediately ¹	Within 30 days	Not Required	Immediately ¹	As Time Permits (Not to Exceed 30 days)
C	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
D	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (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 USASC Safety Rep forward (during combat). 2. ONLY when the senior tactical commander determines that the situation, conditions, and/or time does not permit normal peacetime investigating and reporting. * Army civilian injury only accidents should be reported on appropriate Department of Labor (DOL) form IAW AR 385-40.					

Forwarding forms

All Collateral Duty Safety Officers will transmit the completed AGAR to the Installation Safety Office, Fort Sam Houston, Texas electronically, by message or by mail. When time-sensitive safety-of-use issues are involved, the AGAR can be telefaxed directly to United States Army Safety Center (USASC, 334-255-2266, DSN 558-2266). Reports can be forwarded to the Safety and Occupational Health Manager by —

- Mail: Mr. Guadalupe Gomez, Installation Safety Office
 Directorate of Safety, Environment, and Fire
 2404 New Braunfels Avenue, Stop 38
 Fort Sam Houston, Texas 78234
- E-mail: guadalupe.gomez@amedd.army.mil
- Fax: (210) 221-9847 or DSN: 471-9847

Note: Safety Officers should furnish a copy of AGAR to local installation Safety Office.

The Cadet Command Safety Manager will forward AGARs to TRADOC SAFE, Fort Monroe.

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

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

REQUIREMENT CONTROL SYMBOL
CSOCS-308

1. TIME & DATE OF ACCIDENT a. Yr 94 b. Mth 01 c. Day 21 d. Time 2330 2. PERIOD OF DAY Day Night 3. ACDT CLASS A 4. ACDT OCCURRED DURING Combat Non-Combat
 5. UNIT IDENTIFICATION a. UIC (6-digit Code) WABCCO b. Name of Unit Co C, 3d Bn, 6th AR c. Unit's Branch AR d. MACOM COCOM
 6. LOCATION OF ACCIDENT a. Exact Location (Detailed enough to locate site) Interstate 10, near Tepeetown, WA, at mile marker 101 b. Type Location B3
 c. State/Country WA d. Off Post On Post Name: 7. EXPLOSIVES/AMMO a. Present Yes No b. Involved Yes No
 8. MISSION a. Briefly describe the mission Off Duty b. METL Task?

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED

a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/ODR Submitted
#1 1993 Chev	Camero	POV	\$14,000.00	7,5	07	Tire, Radial	Unk	Unk	Unk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
#2										Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b. explain how the root cause(s) led to the materiel failure/malfunction.)
 a. (Not ready, willing to endorse statement) (Not clear, Not practical) SUPPORT
 (Shortcomings in type, capability, amount or condition of equipment/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

11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.) DRIVER, RICK L.
 12. SOCIAL SECURITY # 333-44-5656
 13. PERSONNEL CLASSIFICATION a 14. MOS 88M10 15. DUTY STATUS On-duty Off-duty
 16. AGE 21 17. SEX M 18. PAY GRADE E3 19. FLIGHT STATUS Yes No
 20. MOST SEVERE INJURY (See instructions) a. Degree a b. Type i c. Body Part b d. Cause a
 ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below

21. DAYS HOSPITALIZED
 22. WORKDAYS
 a. Lost
 b. Restricted
 23. CODE p
 24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK
 Operating a POV on an Interstate Highway.

25. PERSONAL PROTECTIVE EQUIP
 a. Required Yes No
 b. Type of equip #1 a #1 Yes #2 No
 c. Available #1 Yes #2 No
 d. Used #1 No #2 No
 26. ALCOHOL/DRUGS CAUSED/CONT Yes No
 27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a) #1
 28. LICENSED TO OPERATE EQUIP Yes No
 29. HRS ON DUTY NA 30. HRS SLEEP 6
 31. TACTICAL TRAINING Yes No
 32. TYPE TRAINING FACILITY
 33. LAST TRAINING
 34. FIELD TRAINING EXERCISE Yes No
 35. NIGHT VISION SYSTEM USED Yes No
 If Yes, provide name:

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? 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
 b. Code 40
 c. Tell what the mistake was and how it caused/contributed to the accident The driver was exceeding the posted speed limit of 65 mph, and was unable to control the vehicle, when the left front tire blew out.

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.)

LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in Content/Amount)			STDS/PROCEDURES (Not clear/practical)			SUPPORT (Shortcomings in type, capability, amount or condition of equipment/services/facilities)			INDIVIDUAL (Mistake due to own personal factors)		
	Direct Supervision	School	Unit	AR	SOP	Other	Equip/Material Improperly designed	Inadequate Manufacture	Inadequate Maintenance	Other	Poor/Bad attitude	Fatigue
Higher Command Supervision	Experience, OJT	FM	None exists									
<p>b. Describe root cause(s) (reason) and tell how/why caused the mistake The driver was overconfident in his ability to control the vehicle at a high rate of speed, because he frequently exceeded 80 mph, while driving on the interstate, with no difficulties or accidents.</p>												

38. ENVIRONMENTAL CONDITIONS

a. Present: #1 A #2 --- #3 ---

b. Caused/Contributed?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>

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

The 1993 Chevrolet Camero was traveling west on I-10, at a high rate of speed (approximately 80 mph), near the Tepeetown, Washington, exit, at mile marker 101, when the left front tire blew out. The vehicle veered sharply to the left and struck the median guardrail, then flipped end over end into the opposing traffic lane, coming to rest inverted. The driver received fatal injuries and the vehicle was extensively damaged.

40. CORRECTIVE ACTIONS/TAKEN OR PLANNED

Inform assigned personnel of the facts and circumstances surrounding this accident, with emphasis on obeying traffic laws.

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI) ADVISOR, ROBERT A.	b. Telephone # DSN: 222-3444 COM: (201) 774-3444
42. COMMAND REVIEW a. Name RICHARD F. FOREMAN	b. Date 940208
b. Signature <i>Richard F. Foreman</i>	43. SAFETY OFFICE REVIEW a. Name JOHN D. SAFEMAN b. Date 940208

REVERSE OF DA FORM 285-AB-R JUL 84