

<b>ABBREVIATED AVIATION ACCIDENT REPORT (AAAR)</b> <b>FOR ALL CLASS C, D, E, F, COMBAT A AND B, AND ALL AIRCRAFT GROUND</b> <small>For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA</small>						<b>REQUIREMENTS CONTROL SYMBOL</b> <b>CSOCS-309</b>	
<b>COMPLETE BLKS 1-18 FOR ALL ACDTs. NO FURTHER ENTRY IS REQUIRED FOR CLASS D, E, AND F ACDTs NOT INVOLVING HUMAN ERROR/INJURY.</b>							
1. DATE/CASE NO. OF ACCIDENT		a. (YYMMDD)	b. Time(Lcl)	c. Acft Ser No.	2. a. Classification <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F		
					b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related <input type="checkbox"/> Acft Ground		
3. TYPE OF ACFT (MTDS)		4. PERIOD <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night		5. NO. ACFT INVOLVED		6. NEAREST MIL INSTALLATION	
7. ACCIDENT LOCATION		a. <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post	b. <input type="checkbox"/> On Airfield <input type="checkbox"/> Not on Airfield	c. City (Nearest to acdt site)		d. State	e. Country (If not USA)
<b>8. ORGANIZATION INVOLVED</b>							
a. Name of Unit			b. UIC(6 Digit Unit Id Code)	c. Home Station			
<b>9. ORGANIZATION DEEMED ACCOUNTABLE (If same as block 8 leave blank)</b>							
a. Name of Unit			b. UIC(6 Digit Unit Id Code)	c. Home Station			
<b>10. ESTIMATED ACCIDENT COST</b>		a. Acft Total Loss <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Acft Damage (Excl man hr) \$		c. No. Man Hrs	d. Man Hr \$	e. Other Damage Mil \$	f. Civilian Damage \$	g. Injury \$	h. Total (This acft) \$
						i. Total (All acft) \$	
<b>11. GEN. DATA</b>		a. Msn	(1) Type (Tng, Svc, etc.)	(2) <input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship	b. Flight Plan <input type="checkbox"/> NA <input type="checkbox"/> VFR <input type="checkbox"/> IFR	c. Flight Data Recorder Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Night Vision Device/System In use <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Specify type
e. Fire <input type="checkbox"/> None <input type="checkbox"/> Inflight <input type="checkbox"/> Postcrash <input type="checkbox"/> Other		f. Flammable Fluid Spillage (If "Yes" for Class A, B, and C acdts, attach DA Form 2397-6) <input type="checkbox"/> Yes <input type="checkbox"/> No			g. Field Training Exercise (FTX) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name of FTX _____		
<b>12. FLIGHT DATA</b>		Flight Duration	Phase of Operation (Enter max of 3 codes from fig 3-5 DA Pam 385-40 or specify phase (e.g., hover, NOE, etc.))	Altitude AGL	Airspeed KIAS	Aircraft Weight	Overgross for Conditions
a. At Emergency		Hours Tenths					
b. At Impact/Acft or Termination		Hours Tenths					
<b>14. ACCIDENT CAUSE FACTORS</b> (Enter D, S, or U to identify Definite, Suspected, or Undetermined causes)			a. Human Error (If D or S complete blks 21, 23, & 24)	b. Materiel Failure/Malfunction (Includes mfg/design induced failures)(If D or S complete blk 16)		c. Environmental (If D or S Complete blk 17)	
<b>15. SUMMARY</b> (Enter summary of acdt sequence from onset of emergency through termination of flight. For Class D, E, and F, include the type of materiel failure and/or environmental factors.)							
<b>16. COMPONENT AND PART FAILURE/MALFUNCTION DATA</b> (part that initiated failure/malfunction.)						<b>17. ENVIRONMENTAL</b> (Chk conditions at time of acdt.)	
Identification	Major Component		Part				
a. Nomenclature							
b. Type, Design, and series							
c. Part Number							
d. NSN							
e. Manufacturer's Code							
f. Part Serial No.							
g. Cause Failure/Malfunction	(1) <input type="checkbox"/> Materiel (2) <input type="checkbox"/> Maintenance (3) <input type="checkbox"/> Design (4) <input type="checkbox"/> Manufacture		FGCODE (USASC)	TYPEFL	CAUFL		
						c. Acft Icing <input type="checkbox"/> No <input type="checkbox"/> Yes	
						d. Turbulence <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>18. BOARD PRESIDENT/ASO/POC</b> (Name, Signature, and Date)			SSN		Address and Tel No. (DSN and Com)		
			Grade	Branch			

COMPLETE BLKS 19 - 26 FOR ALL CLASS C, COMBAT CLASS A, B, ACFT GROUND CLASS A, B, C, AND ALL CLASS ACDTs INVOLVING HUMAN ERROR/INJURY.

**19. MOON ILLUMINATION DATA** (For night Class A, B, or C acdts. If blk a is "no", no other entry is required.)

a. Moon Above Horizon <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Moon Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Moon (Degrees Above Horizon) _____	d. Percent of Moon _____ %	e. Moon (Clock Position from Flight Path/Nose of Act) _____
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**20. WIRE STRIKE DATA** (If "no" in blk a, no other entry is required)

a. Wire Strike <input type="checkbox"/> Yes <input type="checkbox"/> No	b. WSPS Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	c. WSPS Engaged Wire <input type="checkbox"/> Yes <input type="checkbox"/> No	d. WSPS Cut Wire <input type="checkbox"/> Yes <input type="checkbox"/> No	e. WSPS Functioned as Designed <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Wires Stuck No. _____ Dia (inches) _____
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**21. PERSONNEL DATA** (Complete for each crewmember with access to fit controls or other personnel injured or having a contributing role in the accident; use additional forms as needed)

a. Name (last, first, MI)		(1) SSN	(2) Grade	(3) Sex	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Lab Test (Blood/urine; for pos attach AFIP report) <input type="checkbox"/> Pos <input type="checkbox"/> Neg	(10) Activity (Last 24 Hrs)	(a) Hrs Slept (b) Hrs Worked	(c) Hrs Flown	(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(12) Injury (If "yes" complete DA Form 2397-9-R) <input type="checkbox"/> Yes <input type="checkbox"/> No	(13) Tot Fit Hrs (acdt MTDS)	
b. Name (last, first, MI)		(1) SSN	(2) Grade	(3) Sex	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Lab Test (Blood/urine; for pos attach AFIP report) <input type="checkbox"/> Pos <input type="checkbox"/> Neg	(10) Activity (Last 24 Hrs)	(a) Hrs Slept (b) Hrs Worked	(c) Hrs Flown	(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(12) Injury (If "yes" complete DA Form 2397-9-R) <input type="checkbox"/> Yes <input type="checkbox"/> No	(13) Tot Fit Hrs (acdt MTDS)	
c. Name (last, first, MI)		(1) SSN	(2) Grade	(3) Sex	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Lab Test (Blood/urine; for pos attach AFIP report) <input type="checkbox"/> Pos <input type="checkbox"/> Neg	(10) Activity (Last 24 Hrs)	(a) Hrs Slept (b) Hrs Worked	(c) Hrs Flown	(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(12) Injury (If "yes" complete DA Form 2397-9-R) <input type="checkbox"/> Yes <input type="checkbox"/> No	(13) Tot Fit Hrs (acdt MTDS)	

**22. IMPACT/PROTECTIVE/ESCAPES/SURVIVAL/RESCUE DATA** (For Class A, B, and C acdts)

a. Acft Occupiable Space Compromised (If "yes" DA Form 2397-6-R required) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Escape/Survival Difficulties (If "yes" DA Form 2397-10-R required for the individual) <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Protective/Restraint Equip Functioned as designed (If "no" DA Form 2397-10-R required for the individual) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**23. ACDT CAUSE FACTORS** (Blk 24 must support all cause factors checked; See DA Pam 385-40 for definition of cause factors)

a. <input type="checkbox"/> Training Failure (Stds exist but not known or ways to achieve them not known)	b. <input type="checkbox"/> Standards Failure (Stds not clear, practical, or do not exist)	c. <input type="checkbox"/> Leader Failure (Stds are known but not enforced)	d. <input type="checkbox"/> Individual Failure (Stds known but not followed)	e. <input type="checkbox"/> Support Failure (Inadequate equip/facilities/svcs/no or type personnel)
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**24. FINDINGS AND RECOMMENDATIONS** (See instructions in DA Pam 385-40 for writing findings and recommendations. Use additional sheet if required)

USASC use only	Duty	Role	Failure/error Code	SI 1	RM 1	RM 2	RM 3
	Phase of OP	Task/part no.		SI 2	RM 1	RM 2	RM 3

**25. LIST OF ATTACHMENTS** (CCAD, DA Forms 2397-4, 8, 9, etc.)

**26. COMMAND REVIEW** (Required for Class A and B combat and all Class C acdts. Use separate sheet for non-concurrence, additional findings, and recommendations.)

REVIEWER	Organization	Name (Typed/Printed)	Rank	Signature	Comments
a. Unit Commander					<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
b. Reviewing Official					<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
c. Approving Authority					<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
d. DA Review	US Army Safety Center				Approved for entry into ASMIS (YYMMDD)