

UNMANNED AIRCRAFT SYSTEM ACCIDENT REPORT (UASAR)

Use for all UAS Aviation Accidents

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

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. ACCIDENT CASE INFORMATION		a. Date (YYYYMMDD)	b. Time (Local)		c. UA Tail Number	
2. ACCIDENT CLASS/ CATEGORY		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"/> Aircraft Ground	
3. UAS MTDS						
4. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night		5. AIRCRAFT INVOLVED		a. Number of Aircraft Involved	b. In Flight/Mid-Air Collision <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6. NEAREST MILITARY 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	d. State	e. Country
f. Grid and/or Lat/Long						
8. ORGANIZATION INVOLVED						
a. Unit Designation		b. Unit Identification Code (UIC)		c. Home Station		d. Army Headquarters
9. ACCOUNTABLE ORGANIZATION (If same as block 8 leave blank)						
a. Unit Designation		b. Unit Identification Code (UIC)		c. Home Station		d. Army Headquarters
10. ACCIDENT COST DATA		a. UA Total Loss <input type="checkbox"/> Yes <input type="checkbox"/> No	b. UA Damage or replacement Cost (Excluding Man-hours) \$		c. Number of Man-Hours	d. Man-Hours Cost \$
e. Other UAS Sub-System Cost \$		f. Other Damage Cost-Military \$		g. Other Damage Cost-Civilian \$	h. Injury/Occupational Illness \$	i. Total Cost (This UAS) \$
j. Total Cost (All Aircraft) \$						
11. GENERAL DATA		a. Mission	a(1). Type Mission	a(2). Aircraft Mode <input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship <input type="checkbox"/> Manned/Unmanned Teaming		a(3). Level of Interoperability (LOI) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA
a(4). Simultaneous UA Operation? (If Yes, specify number & MTDS) <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Flight Plan <input type="checkbox"/> Military <input type="checkbox"/> Civil <input type="checkbox"/> Operation's Log		c. Flight Rules <input type="checkbox"/> VFR <input type="checkbox"/> IFR		
d. Mission/ Training		d(1). At what level was mission/training conducted? <input type="checkbox"/> Bde <input type="checkbox"/> Bn <input type="checkbox"/> Co <input type="checkbox"/> Plt <input type="checkbox"/> Sqd <input type="checkbox"/> Team <input type="checkbox"/> Crew			d(2). Who approved the mission/training? Rank & Position:	
d(3). Was a mission brief completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		d(4). Who was in charge during the mission? Rank & Position:			d(5). Who was the senior leader present during the mission/training? Rank & Position:	
e. Risk Management (RM)		e(1). RM Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e(2). Who performed the RM? Rank & Position:		e(3). RM Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	e(4). Who accepted risks? Rank & Position:
e(5). What was the level of the risk after controls applied? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extremely High			e(6). How was the RM process communicated? (Check all that apply.) <input type="checkbox"/> Worksheet <input type="checkbox"/> Verbal Brief <input type="checkbox"/> Order <input type="checkbox"/> Not Communicated			
e(7). Accident event identified/considered during RM process? (If yes, complete blocks 11a(7)a thru 11e(7)d) <input type="checkbox"/> Yes <input type="checkbox"/> No			e(7)a. What was the level of the identified risk? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extremely High			
e(7)b. Was the control measure(s) applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		e(7)c. Who was responsible for implementing the controls? Rank & Position:			e(7)d. Was the potential for accident event accepted as residual risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Digital Source Collector (DSC)		f(1). DSC installed? (If yes, enter type of DSC) <input type="checkbox"/> Yes <input type="checkbox"/> No			f(2). Data captured and preserved? (If yes, specify storage location) <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Fire <input type="checkbox"/> None <input type="checkbox"/> Inflight <input type="checkbox"/> Postcrash <input type="checkbox"/> Other (Specify)			h. Hazardous Material Spillage (If yes & a Class A, B or C accident, attach DA Form 2397-6) <input type="checkbox"/> Yes <input type="checkbox"/> No		i. Did accident occur while on an exercise or at a training facility/center? (If yes, enter the name) <input type="checkbox"/> Yes <input type="checkbox"/> No	

12. SUMMARY (Attach a continuation sheet(s) as needed)

13. FLIGHT DATA	Flight Duration	Phase of Operation <i>(Enter max of 3 codes from Table 3-4 of DA Pam 385-40 or specify the phase if there is no code for it in the table)</i>	Altitude MSL	Altitude AGL	Airspeed KIAS	UA Weight	UA Overgross Weight for Conditions		14. TYPE EVENTS <i>(Enter max of 3 codes from Appendix F table F-3 of DA Pam 385-40 or specify the type event which best describes the accident/incident event if there is no code for it in the table.)</i>
	Hours						Tenths	Yes	
a. At Emergency/ Onset	Hours						<input type="checkbox"/>	<input type="checkbox"/>	
b. At Impact/Acdt or Termination	Hours						<input type="checkbox"/>	<input type="checkbox"/>	
c. Flight Ctrl Malfunction	Check all that apply: <input type="checkbox"/> Human <input type="checkbox"/> Environmental <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part <input type="checkbox"/> Not Applicable								
15. ACCIDENT CAUSE FACTORS <i>(For blocks 15a-c, D=definite, S=Suspected, U=Undetermined and N=No/None)</i>							a. Human Factors <i>(Check box D, S, U or N. If D or S, complete blocks 15a(1)(a)-(e))</i>		
a(1). System Inadequacies <i>(Enter max of 3 codes in each block below from table B-5 (Additional codes in table B-1) DA Pam 385-40 or if there is no code in the table, write in that which best describes the failure)</i>							<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N		
a(1)a. Support Failure		a(1)b. Standards Failure		a(1)c. Training Failure			a(1)d. Leader Failure		
a(1)e. Individual Failure		b. Materiel Factors <i>(Check box D, S, U or N. If D or S, complete blocks 15b(1)-(2))</i> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N				b(1). Type <i>(Check all that apply.)</i> <input type="checkbox"/> Component/Part <input type="checkbox"/> Hardware <input type="checkbox"/> Software			
b(2). Component and Part <i>(Part that initiated failure/malfunction)</i>									
	UAS Subsystem <i>(UA, GCS, GDT, TALS, etc.)</i>			Major Component			Part		
a. Nomenclature									
b. Type, Design, and Series									
c. Part Number									
d. NSN/ Manufacturer's Number									
e. Manufacturer's Code									
f. Serial Number									
g. Cause of Failure/ Malfunction				<input type="checkbox"/> Materiel <input type="checkbox"/> Maintenance <input type="checkbox"/> Design <input type="checkbox"/> Manufacture			<i>(Enter the applicable Failure Codes (max 2) using table 1-2, DA Pam 738-751 (TAMMS-Aviation))</i>		
c. Environmental Factors <i>(Check box D, S, U or N, as appropriate.)</i> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N				c(1). General <i>(Check all that apply.)</i> <input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Icing <input type="checkbox"/> Turbulence				c(2). Weather Conditions <i>(Enter max of 3 codes from Appendix F table 3-26 of DA Pam 385-40 or specify the weather condition if there is no code for it in the table.)</i>	
c(3). Environmental Signal Factors <input type="checkbox"/> Uplink <input type="checkbox"/> Downlink <input type="checkbox"/> Interference <input type="checkbox"/> E ³ <input type="checkbox"/> NA <input type="checkbox"/> Other <i>(Specify)</i>									
c(4). Other Environmental Factors <i>(Enter max of 3 codes from Appendix F table 3-27 of DA Pam 385-40 or specify the weather condition if there is no code for it in the table.)</i>									
16. LOSS OF LINK <i>(Check box D, S, U or N. If D or S, complete blocks 16 a-d)</i> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N				a. Type of Link Lost <input type="checkbox"/> Uplink <input type="checkbox"/> Downlink <input type="checkbox"/> Unknown			b. Type of Link <input type="checkbox"/> LOS <input type="checkbox"/> BLOS <input type="checkbox"/> C-Band <input type="checkbox"/> Ku-Band <input type="checkbox"/> Other <i>(Specify)</i>		
c. UA distance from the GCS at time of LOL				d. LOL Factors <i>(Check all that apply.)</i> <input type="checkbox"/> Human <input type="checkbox"/> Environment <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part					
17. TAKE OFF/LANDING DATA <i>(Complete block 17a if accident occurred during take-off phase and block 17b if during landing phase.)</i>									
a. Take-Off (T/O) Phase	a(1). T/O Method <input type="checkbox"/> ATLS <input type="checkbox"/> Launcher <input type="checkbox"/> Manual			a(2). T/O Accident Factors <i>(Check all that apply.)</i> <input type="checkbox"/> Human <input type="checkbox"/> Environment <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part					
b. Landing Phase	b(1). Landing Method <input type="checkbox"/> ATLS <input type="checkbox"/> TALS <input type="checkbox"/> FTS <input type="checkbox"/> Manual			b(2). Landing Accident Factors <i>(Check all that apply.)</i> <input type="checkbox"/> Human <input type="checkbox"/> Environment <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part					

18. TYPE OF STRIKE
 Wire Bird Tree Object Lighting Antenna N/A Other (Specify)

19. PERSONNEL DATA (Complete for each crew member with access to flight controls, personnel injured/occupational illness, personnel having a contributing role in the accident; use additional forms if needed.)

a. Name (Last, First, MI)		(1) SSN	(2) Grade	(3) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N	(8) On Fit Ctrls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Lab Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not Required
(10) Activity	(a) Hrs Slept	(11) Individual Status			(12) Injury/Occupational Illness (If "yes" complete and attach DA Form 2397-9)		(13) MTDS Flt Hrs	(14) Total Flt Hrs		
	(b) Hrs Worked	(a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Msn Prep <input type="checkbox"/> Msn Qual	(b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA (SUAS Operators)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
	(c) Hrs Flown	(c) Redeployed Date (YYYYMMDD)								
b. Name (Last, First, MI)		(1) SSN	(2) Grade	(3) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N	(8) On Fit Ctrls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Lab Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not Required
(10) Activity	(a) Hrs Slept	(11) Individual Status			(12) Injury/Occupational Illness (If "yes" complete and attach DA Form 2397-9)		(13) MTDS Flt Hrs	(14) Total Flt Hrs		
	(b) Hrs Worked	(a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Msn Prep <input type="checkbox"/> Msn Qual	(b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA (SUAS Operators)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
	(c) Hrs Flown	(c) Redeployed Date (YYYYMMDD)								
c. Name (Last, First, MI)		(1) SSN	(2) Grade	(3) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	(4) Duty	(5) SVC	(6) UIC (Assigned)	(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N	(8) On Fit Ctrls <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Lab Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not Required
(10) Activity	(a) Hrs Slept	(11) Individual Status			(12) Injury/Occupational Illness (If "yes" complete and attach DA Form 2397-9)		(13) MTDS Flt Hrs	(14) Total Flt Hrs		
	(b) Hrs Worked	(a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Msn Prep <input type="checkbox"/> Msn Qual	(b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA (SUAS Operators)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
	(c) Hrs Flown	(c) Redeployed Date (YYYYMMDD)								

20. FINDINGS AND RECOMMENDATIONS (See instructions in DA Pam 385-40, para 2-24, for writing findings and recommendations. Use additional sheets if needed)

USACRC 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

21. LIST OF ATTACHMENTS (ECOD/ACOD, CCAD, PQDR, DA Forms 2397-series, etc.)

22. BOARD PRESIDENT/ASO/POC (Name, Signature, and Date)

a. Grade	b. Branch	Address and Tel No. (DSN and Com)
E-Mail		

23. COMMAND REVIEW (Only required for class A, B & C)

Reviewer	Organization	Name (Last, First, MI)	Rank	Comments	Signature
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"/> Concur <input type="checkbox"/> Non-concur	
d. DA Review	USACR/SC			Approved for entry into ASMIS (YYYYMMDD)	