

### MISHAP DATA WORKSHEET

*This form contains personal information protected by the Privacy Act of 1974. Form will be safeguarded from unauthorized disclosure and will be disposed of according to AFI 33-332.*

FROM (Supervisor)	TO (Unit Safety Representative)	TO (Unit Commander)	TO (Wing Safety)
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**I. MISHAP DATA INFORMATION** *(To be filled in by the supervisor and sent to Unit Safety Rep, Commander, and Safety Ofc within 5 workdays after the mishap.)*

NAME (Last, First, Middle Initial)	GRADE	SSN	AGE	SEX	AFSC/JOB SERIES	UNIT/OFFICE SYMBOL/DUTY PHONE
DATE OF MISHAP	DUTY STATUS (At time of mishap) <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		AEF ASSIGNED (1-10) <input type="checkbox"/> YES <input type="checkbox"/> NO		BEEN DEPLOYED IN LAST 365 DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	
TIME OF MISHAP	<input type="checkbox"/> PERM PARTY <input type="checkbox"/> STUDENT		AEF NUMBER _____		DAYS DEPLOYED _____	
				MISHAP OCCURRED <input type="checkbox"/> ON BASE <input type="checkbox"/> OFF BASE		WEATHER _____
						LIGHT CONDITIONS _____

DISPOSITION OF INDIVIDUAL: (CHECK ALL THAT APPLY)	WITNESSED?	EXACT LOCATION WHERE MISHAP OCCURRED <i>(Bldg #, Street Name, Miles from Base/Installation)</i>
<input type="checkbox"/> NO MEDICAL TREATMENT NEEDED OR SOUGHT <input type="checkbox"/> TREATED AND RELEASED BACK TO REGULAR DUTY <input type="checkbox"/> RETURNED TO LIMITED DUTY FOR _____ NUMBER OF DAYS <input type="checkbox"/> PLACED ON QUARTERS/CON LEAVE FOR _____ NUMBER OF DAYS <input type="checkbox"/> ADMITTED TO HOSPITAL FOR _____ NUMBER OF DAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO WITNESS NAMES _____	

TYPE OF INJURIES <i>(i.e., Bruise, Fracture, Sprain, etc.)</i>	LOCATION AND PARTS OF BODY <i>(i.e., Left Leg, Head, Right Ankle, etc.)</i>
TREATMENT RECEIVED <i>(Includes Stitches, Casts, etc.)</i>	MEDICATIONS PRESCRIBED

#### PROPERTY DAMAGE

PROPERTY DESCRIPTION	GMV/SPV/PMV <i>(Year, Make, Model)</i>	GMV REGISTRATION NO
DAMAGE DESCRIPTION	ESTIMATED COST	SEATBELT/HELMET USED <input type="checkbox"/> YES <input type="checkbox"/> NO
		ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO
		MSF TRAINED <input type="checkbox"/> YES <input type="checkbox"/> NO
NON AIR FORCE PROPERTY DAMAGE	ESTIMATED COST	SPEEDING <input type="checkbox"/> YES <input type="checkbox"/> NO
		POSTED SPEED _____ MPH
		SPEED TRAVELED _____ MPH

PROVIDE A CONCISE SUMMARY OF THE MISHAP Who, What, When, Where, and Why (Indicate the cause) (If more space is needed, continue on reverse)

  
  
  

INDICATE THE CORRECTIVE ACTION(S) TAKEN TO PREVENT RECURRENCE (If more space is needed, continue on reverse)

  
  
  

DATE	SUPERVISOR SIGNATURE
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**II. UNIT SAFETY REPRESENTATIVE, UNIT COMMANDER, AND SAFETY OFFICE REVIEWS AND COMMENTS**

UNIT SAFETY REPRESENTATIVE REVIEW AND COMMENTS

  
  
  

DATE	SIGNATURE
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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**II. UNIT SAFETY REPRESENTATIVE, UNIT COMMANDER, AND SAFETY OFFICE REVIEWS AND COMMENTS -- CONTINUED**

*UNIT COMMANDER REVIEW, CONCURRENCE, AND COMMENTS*

DATE

SIGNATURE

*SAFETY OFFICE REVIEW AND COMMENTS*

NOT REPORTABLE IAW:

SAS REPORT NUMBER:

DATE

SIGNATURE

*ADDITIONAL REMARKS OR COMMENTS(Summary of Mishap or Corrective Action Taken)*