



**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!  
Start with the "Flash Demo" at the top of the following page:  
[www.usa-federal-forms.com](http://www.usa-federal-forms.com)**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):  
[www.savePDF.com](http://www.savePDF.com)**

**Convert any document (in any format) to PDF fillable and savable:  
[www.FillinDocs.com](http://www.FillinDocs.com)**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:  
[www.usa-federal-forms.com](http://www.usa-federal-forms.com)**

---

### **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).

**INSTRUCTIONS (Section III and IV)**

1. **Employee:** Mishaps involving Property Damage or Vehicles complete Section III and notify Wing Ground Safety Office to insure timely investigation.
2. **Employee:** If mishap involved personal injury complete Section I as well.
3. **Supervisor:** Complete Section IV for all mishaps and forward to Base Ground Safety Office.

*NOTE: If status of employee changes or differs from the health care provider's original disposition (Item 17, Section II), notify the health care provider and the Wing Safety Office immediately by phone.*

III. PROPERTY DAMAGE				
21. Property Description		26. Vehicle 1 Description (Make, Model, Year) GMV <input type="checkbox"/> SPV <input type="checkbox"/> PMV <input type="checkbox"/> 4-Wheel <input type="checkbox"/> 2-Wheel <input type="checkbox"/>		
22. Serial/ I.D./ Part Number		27. Vehicle 2 Description (Make, Model, Year) GMV <input type="checkbox"/> SPV <input type="checkbox"/> PMV <input type="checkbox"/> 4-Wheel <input type="checkbox"/> 2-Wheel <input type="checkbox"/>		
23. Property Damage Description		28. Vehicle Damage Description		
24. Cost of Repair	25. Replacement Cost	29. Speeding Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Seat Belt / Helmet Used Yes <input type="checkbox"/> No <input type="checkbox"/>	31. Alcohol Involved Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Summary of Mishap				

IV. SUPERVISOR'S REPORT ON INJURY/OCCUPATIONAL ILLNESS OR PROPERTY DAMAGE				
33. Supervisor's Investigation To Include Cause				
34. Corrective Action(s)				
35. Supervisor's Information		36. Actual Number Of Days Lost		
Supervisor's Name (Print)	Phone Number	Restricted Days	Hospital Days	Days on Quarters
Supervisor's Signature	Date			
37. ADDITIONAL REMARKS				