

NOTIFICATION OF CIVILIAN/MILITARY INJURY OR USAF PROPERTY DAMAGE GROUND MISHAP REPORT

FOR OFFICIAL USE ONLY (WHEN FILLED IN) SEE AFI 91-204 FOR RESTRICTIONS.

INSTRUCTIONS: TO BE COMPLETED BY THE SUPERVISOR FOR CIVILIAN ON DUTY MISHAPS AND MILITARY ON AND OFF DUTY MISHAPS. FORWARD TO BASE SAFETY WITHIN 3 DUTY DAYS AFTER THE MISHAP.

INDIVIDUAL

A. NAME (LAST, FIRST, MI)		B. GRADE/RANK		C. AFSC/JOB SERIES	
D. UNIT/OFFICE SYMBOL	E. AGE	F. SEX	G. DUTY PHONE	H. ROLE IN MISHAP (I.E. OPERATOR, PASSENGER)	
I. DESCRIPTION OF ACTIVITY AT TIME OF MISHAP			J. MISHAP DATE/TIME		K. STATUS (CHECK ALL THAT APPLY) ON-DUTY <input type="checkbox"/> ON BASE <input type="checkbox"/> OFF-DUTY <input type="checkbox"/> OFF <input type="checkbox"/>
			L. CONTINUOUS DUTY HOURS PRIOR TO MISHAP:		

N. DESCRIPTION OF INJURIES/ILLNESS (I.E. BRUISES, FRACTURES, SPRAINS)

1. LOCATION OF MISHAP: (BE SPECIFIC)

2. DISPOSITION OF INDIVIDUAL: (CHECK ALL THAT APPLY) <ul style="list-style-type: none"> <input type="checkbox"/> NO MEDICAL TREATMENT NEEDED OR SOUGHT <input type="checkbox"/> TREATMENT AND RELEASED BACK TO REGULAR DUTY <input type="checkbox"/> RETURNED TO LIMITED DUTY FOR _____ NUMBER OF DAYS <input type="checkbox"/> PLACED ON QUARTERS/CONVALESCENT LEAVE FOR _____ NUMBER OF DAYS <input type="checkbox"/> ADMITTED TO HOSPITAL FOR _____ NUMBER OF DAYS 	(RAINING, SUNNY, CLEAR, ICY, SNOWING, ETC.)
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4. DAYS SCHEDULED TO WORK	5. WORK SHIFT HOURS	6. OUTDOORS	7. DAY/NIGHT	8. PERSON TRAINED
SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/>	_____ TO _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

9. STANDARDS AVAILABLE?	10. STANDARDS USED?	11. STANDARDS ADEQUATE?	12. PPE AVAILABLE?	13. PPE USED?	14. PPE ADEQUATE/SERVICEABLE?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE/EQUIPMENT #1			VEHICLE/EQUIPMENT #2		
A. MANUFACTURE	B. MODEL/YEAR	C. REG/SERIAL #	A. MANUFACTURE	B. MODEL/YEAR	C. REG/SERIAL #
D. PROPERLY LICENSED?	E. DRUG/ALCOHOL INVOLVED?	F. MOTORCYCLE TRAINING COURSE IVA YES <input type="checkbox"/> NO <input type="checkbox"/> DATE ATTENDED: _____	D. PROPERLY LICENSED?	E. DRUG/ALCOHOL INVOLVED?	F. MOTORCYCLE TRAINING COURSE IVA YES <input type="checkbox"/> NO <input type="checkbox"/> DATE ATTENDED: _____
G. USAF PROPERTY?	H. SEAT BELTS USED?	I. MOTORCYCLE TRAINING COURSE IVB YES <input type="checkbox"/> NO <input type="checkbox"/> DATE ATTENDED: _____	G. USAF PROPERTY?	H. SEAT BELTS USED?	I. MOTORCYCLE TRAINING COURSE IVB YES <input type="checkbox"/> NO <input type="checkbox"/> DATE ATTENDED: _____

J. DESCRIBE DAMAGE TO VEHICLE/EQUIPMENT	J. DESCRIBE DAMAGE TO VEHICLE/EQUIPMENT
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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).

15. MISHAP SYNOPSIS:

16. CORRECTIVE ACTION AND STEPS TAKEN TO PREVENT RECURRENCE OF SIMILAR MISHAPS:

17. SUPERVISOR'S NAME

18. GRADE/RANK

19. DUTY PHONE

20. SIGNATURE

21. UNIT SAFETY REPRESENTATIVE'S COMMENTS:

22. UNIT SAFETY REPRESENTATIVE NAME:

23. GRADE/RANK

24. DUTY PHONE

25. SIGNATURE

26. UNIT COMMANDER'S COMMENTS:

27. UNIT COMMANDER'S NAME

28. GRADE/RANK

29. DUTY PHONE

30. SIGNATURE

31. WING SAFETY'S REVIEW

REPORTABLE MISHAP TO INCLUDE SAS NUMBER _____

NON-REPORTABLE MISHAP IAW AFI 91-204, PARAGRAPH 1.15 _____

32. WING SAFETY'S COMMENTS:

33. WING SAFETY REVIEW

34. GRADE/RANK

35. SIGNATURE