DA Form 285–AB is required for all Class C through E on-duty and all off-duty accidents. (See fig 4–7 for an example and table 4–1 for accident notification.) The AGAR only reduces the reporting requirements and should not affect the quality or extent of the accident investigation.

a. Investigation and submission of the DA Form 285–AB will be according to AR 385–10.

b. One complete form is required. If more than one individual is involved, submit an additional form, completing only blocks 1 thru 5, and 9 thru 37 (38, if applicable) for each person. Involved means any person who was injured or who took actions or made decisions that caused or contributed to the accident.

c. Submit AGARs in legible hand-printed or typed copy via mail, fax, courier, e-mail, or through the on-line reporting system. Work copies on plain paper will be acceptable, but each data element must reference the respective block of the DA Form 285–AB.

(1) The message address is as follows: CDR USACRC FORT RUCKER AL //CSSC–O//.
(2) The mailing address is as follows: Commander, U.S. Army Combat Readiness Center (CSSC–O), Bldg 4905, 5th Ave, Fort Rucker, AL 36362–5363.
(3) The e-mail address is: usarmy.rucker.hqda-secarmy.mbx.safe-accident-info@mail.mil
(4) The automating reporting system allows for quick and easy reporting through the USACRC Web site: https://safety.army.mil.
Figure 4–7. Example of a U.S. Army Abbreviated Ground Accident Report (AGAR)


DA FORM 285-AB, FEB 2009

PREVIOUS EDITION IS OBSOLETE.
Figure 4–7. Example of a U.S. Army Abbreviated Ground Accident Report (AGAR)—continued
Completion instructions for DA Form 285–AB, Abbreviated Ground Accident Report (AGAR)

a. Also see paragraph 4–11.

b. See legend for figure 4–7.

(1) Block 1. Date and time of accident.
   a. Block 1a. Enter the year (for example, 2006).
   b. Block 1b. Enter the month (for example, 06).
   c. Block 1c. Military time. Enter the local military time (for example, 2315).

(2) Block 2, Period of day. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light. Dawn is the period between BMNT and official sunrise. Dusk is the period of time between official sunset and EENT.

(3) Block 3, Accident class. Enter the accident’s classification: A, B, C, D, or E. (See definitions in AR 385–10, chapter 3).

(4) Block 4, Combat status. Check whether or not the accident occurred in a combat theater. Combat should be checked if the accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater immediately following combat.

(5) Block 5, Unit Identification. Enter information for the unit or organization responsible for the accident. Guidance for determining accident accountability can be found in AR 385–10.
   a. Block 5a. Enter the six-digit UIC for the specific organizational unit or activity responsible for the accident (for example, WXXXXX).
(b) Block 5b. Unit address. Enter the full military address of unit/organization (for example, B Company, 2/18th Cavalry, Fort Bragg, NC XXXXX–XXXXX).

(c) Block 5c. Unit’s Branch. Enter the abbreviation of Army branch the unit is affiliated with (for example, Armor, Infantry, Engineer, and so forth) Army branches are listed in table 4–3.

(d) Block 5d. Army Headquarters. Enter the abbreviation for the Army commands, Army Service Component Commands, or Direct Reporting Units that the unit/activity belongs to (for example, Army Materiel Command [AMC], U.S. Army Europe and 7th Army, Forces Command, and so forth.)

(6) Block 6. Location of the accident.
(a) Block 6a. Enter the exact location of the accident (for example, building number, street name and address, distance from nearest landmark, and so forth).
(b) Block 6b. Enter one code for primary function of the accident location, see table 4–4.
(c) Block 6c. Enter the grid coordinate or latitude/longitude for the accident location.
(d) Block 6d. Enter the state or country if outside the United States.
(e) Block 6e. Indicate whether the accident occurred on or off post, and if on post, enter the name of the installation/activity.

(7) Block 7. Explosives/Ammunition. Check if explosives, ammunition, or pyrotechnics were involved. Involved meaning damage or injury occurred as a result of the functioning, detonation, ignition or release of an explosive or explosive device, or an explosive device was damaged. If “Yes” is checked, provide the information specified in DA Pam 385–40, chapter 5, paragraph 5–3, in blocks 9, 39, 42, and the synopsis. Check the appropriate fields in block 39 if the explosive/ammunition was exposed to significant environmental conditions and describe in block 40.

(8) Block 8.
(a) Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, state so.
(b) Block 8b. Was the task a Mission Essential Task List task? Check the appropriate box.

(9) Block 9. Vehicle/Equipment/Materiel Involved. “Involved” means vehicle/equipment/materiel/property that is damaged, whose use or misuse contributed to the accident or whose materiel failure/malfunction caused and/or contributed to the accident. Include Army and non-Army equipment/materiel. Use one line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary (be sure to annotate the block number).
(a) Block 9a. Enter the name of the equipment/materiel involved.
(b) Block 9b. Enter the equipment model.
(c) Block 9c. Enter the equipment serial number (if applicable).
(d) Block 9d. Indicate who owns the vehicle/equipment/materiel (for example, DOD, DA, unit, person).
(e) Block 9e. Enter an estimate of the damage cost for the piece of equipment listed in Block 9a.
(f) Block 9f. From the list below select the type(s) of collision in which this property/materiel was involved. More than one collision type might be appropriate for the property/materiel. If so, enter up to three, in sequence, in the space provided. If “Other” is selected, specify what type of collision in the space provided. If no collision was involved, leave blank.
1. 1=Going forward and collided with moving vehicle
2. 2=Going forward and collided with parked vehicle
3. 3=Collision while backing
4. 4=Collision with pedestrian
5. 5=Collision with object (other than vehicle/pedestrian)
6. 6=Overtaken
7. 7=ran off road
8. 8=Jackknifed
9. 9=Going forward and rear-ended with moving vehicle
10. 10=Going forward and rear-ended stopped vehicle
11. 11=Collision while turning
12. 12=Other (specify)

Note. If the item in block 9a experienced a materiel failure/malfunction that caused or contributed to the accident, complete blocks 9g–9l and block 10. If not, skip to block 11.

(g) Block 9g - 9l. Materiel malfunction/failure information. Enter the code that indicates how the component/part failed/malfunctioned (mode of failure). See appendix B for list and examples of failure codes. Complete items h through l for each component/part whose failure or malfunction contributed to the accident. Annotate whether an EIR/QDAR (SF 368) was prepared and submitted through appropriate channels for each component/part.

(10) Block 10. Why Did the Materiel Fail/Malfunction (Root Cause)? Materiel failures/malfunctions can be caused by shortcomings of support. Specific causes may include:
(a) Block 10a. Support - shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment/materiel not provided or improperly designed, inadequate or maintenance, or inadequate facilities/services). Determine the underlying reason (root cause(s) the materiel failed/malfunctioned and check accordingly (see app B).

(b) Block 10b. Describe how the materiel failed/malfunctioned and explain why (for example, explain mode of failure from block 9f and root cause. Example: Block 9f=M05, and block 10a="Support equip/materiel improperly designed," enter why the improper design caused the materiel to fail or malfunction or malfunction by friction producing movement.

(11) Block 11.

(a) Block 11a. Enter last name, first name, and middle initial of involved person. Include unit name, address, and UIC if it is different from block 5a.

(b) Block 11b. For Army civilians, Army contractors, or members of the visiting public that are injured, enter their home address.

(12) Block 12. Enter the SSN of the individual listed in block 11.

(13) Personnel Classification.

(a) Block 13a. Enter the code for the classification (at the time of the accident) of the person listed in block 11. See table 4–6.

(b) Block 13b. Date assigned/hired. Enter the date the soldier was assigned or the Army civilian/contractor was hired.

(c) Block 13c. Indicate the date of redeployment, if applicable.

(14) Block 14, MOS/job series. For Army personnel, enter the full MOS or job series of the individual, (for example, 63B10, GS–0018–14).

(15) Block 15. Duty status.

(a) Block 15a. For DOD personnel, check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11. (See glossary for definitions of on- and off-duty status). (This determination applies for safety accident reporting purposes only, and has no relation to compensability or line-of-duty decisions.)

(b) Block 15b. If the Soldier was on leave or pass at the time of the accident, check the box and enter the inclusive leave/pass dates (for example, 20060705).

(16) Block 16. Enter the date of birth for the individual listed in block 11.

(17) Block 17. Enter the gender for the individual listed in block 11 (“M” for male or “F” for female).

(18) Block 18. For DOD personnel, enter the rank/pay grade for the individual listed in block 11 (for example, E5, 03, GS–11, WG–08).

(19) Block 19. Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

(20) Block 20, Most Severe Injury/Occupational Illness. For the individual listed in block 11, complete blocks “a” through “d” for the most severe injury/occupational illness.

(a) Block 20a, Degree. Enter the code that indicates the severity of the injury/occupational illness to the individual list in block 11 from the table below. If more than one applies, enter the most severe. Enter the date of death as indicated on the form. See glossary for definitions.

1. a=Fatal.
2. b=Permanent Total Disability.
3. c=Permanent Partial Disability.
4. d=Days Away From Work.
5. e=Restricted Work Activity (Light duty, profile).
6. f=Medical Treatment Beyond First Aid (Includes cases of loss of consciousness, needle stick/cuts from sharps).
7. g=First Aid Only.
8. h=No Injury/Occupational Illness.

(b) Block 20b, Injury/illness type. Enter the one code below that best describes this person’s most serious injury/ occupational illness type.

1. A - Burns (chemical)
2. B - Burns (thermal)
3. C - Amputation
4. D - Decompression sickness
5. E - Asphyxiation (suffocation)
6. F - Fractures
7. G - Dislocation
8. H - Abrasions
9. I - Concussion
10. J - Sprains/strain
11. K - Cuts/lacerations
12. L - Contusion
13. M - Puncture wound
14. N - Hernia, rupture
15. O - Frostbite
16. P - Heatstroke
17. Q - Heat exhaustion
18. R - Noise injury
19. S - Needle stick or cuts from sharps
20. T - Loss of consciousness
21. U - Other (specify)

(c) Block 20c, Body part. Enter the one code below that best describes the most seriously injured part of this person’s body. Body part entered here should be the one with the injury indicated in previous block.

1. A - Body (General, cannot specify)
2. B - Head
3. C - Forehead
4. D - Eyes
5. E - Nose
6. F - Jaw
7. G - Neck
8. H - Trunk
9. I - Chest
10. J - Heart
11. K - Back
12. L - Shoulder
13. M - Arms
14. N - Wrist
15. O - Hand
16. P - Fingers
17. Q - Leg
18. R - Knee
19. S - Ankle
20. T - Foot
21. U -Toes
22. V - Other

(d) Block 20d, Cause. Enter the one code below that best describes the cause of the most serious injury/occupational illness to this individual.

1. A - Struck against
2. B - Struck by
3. C - Fell from elevation
4. D - Fell from same level
5. E - Caught in/under/between
6. F - Rubbed/abraded
7. G - Bodily reaction
8. H - Overexertion
9. I - Exposure
10. J - External contact
11. K - Ingested
12. L - Inhaled
13. M - Thrown from

(21) Block 21, Lost time.
(a) Block 21a, Days hospitalized. Enter the actual or estimated total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for “observation only” are only included if they miss a day of work.

(b) Block 21b, Day lost not hospitalized. Enter the estimated or actual number of days this individual will be away from work (totally unable to perform any work, on bed rest/quarters, convalescence leave, or time a physician indicated
that the individual could not work regardless of whether the individual was scheduled to work. Count all calendar days including weekends and holidays. For example, if the individual was injured on Friday and the individual could work on Monday, if the physician or licensed health care professional indicated they should not work over the weekend, enter 2 days. If there is no information from the physician, enter 0 days.

(c) Block 21c, Days restricted. Enter the actual or estimated number of days the individual was unable to perform one or more routine job functions (regularly performed by the individual at least once per week), or could not work a full work day they would otherwise have been scheduled to work; or a physician or licensed health care professional recommends that the employee not perform one or more routine function of his/her job. Restricted work activities include light duty, profiles and job transfers.

(d) Block 21d, Treated in Emergency Room. Check if this individual was treated in an emergency room.

(22) Block 22.

(a) Block 22a, OSHA log 300 case number. For injured personnel, enter the OSHA log 300 case number for the individual listed in block 12. OSHA log 300 case number is not required for Soldiers or off-duty civilians.

(b) Block 22b. Enter the name of the physician or other health care professional who treated the individual. Optional for military personnel.

(c) Block 22c. If treatment was given away from the worksite, enter the name and address of the facility.

(23) Block 23, Activity. Enter the individual’s activity at the time of the accident from the list below. Enter the code that best describes this individual’s activity at the time of the accident. Complete block 38 if the activity is parachuting (see DA Pam 385–40, Section II Terms and Section III Special Abbreviations and Terms and glossary for explanation of activities.)

(a) A Soldiering
(b) B Combat soldiering
(c) C Physical training
(d) D Weapons firing/handling
(e) E Engineering or construction
(f) F Communication
(g) G Security/law enforcement
(h) H Firefighting
(i) I Patient care (people/animals)
(j) J Test/study/experiments
(k) K Educational
(l) L Information and art
(m) M Food and drug inspection
(n) N Laundry/dry cleaning services
(o) O Pest/plant control
(p) P Operating vehicle/vessel
(q) Q Handling animal
(r) R Maintenance/repair/servicing
(s) S Fabricating
(t) T Handling material/passengers
(u) U Janitorial/housekeeping/grounds keeping
(v) V Food/drink preparations
(w) W Supervisory
(x) X Office
(y) Y Counseling/advisory
(z) Z Sports
(aa) AA Hobbies
(ab) BB Passenger
(ac) CC Human movement
(ad) DD Horseplay
(ae) EE Bystanding/spectating
(af) FF Personal hygiene/eating/sleeping
(ag) GG Parachuting

(24) Block 24. Briefly describe this individual’s activity at the time of the accident. For example, the Soldier was a right rear passenger in the vehicle at the time of the accident; the individual was performing maintenance on a split rim tire in the maintenance shop.

(25) Block 25, Personal Protective Equipment. Determine what PPE was required for the activity/task being performed. If PPE was required, determine if it was available and used, available but not used, or not available. Check
the appropriate blocks for each item of PPE to indicate availability and use/non-use. If no PPE was required, check the NA (not applicable) column for each type of PPE. For privately owned motorcycle accidents, indicate whether the helmet was Department of Transportation approved.

Note. Restraint systems are those systems such as the Gunner’s Restraint System in military vehicles.

(26) **Block 26.** Check the appropriate box to indicate whether or not this individual’s use of alcohol or drugs (include prescription, over the counter, supplements or illegal drugs) caused or contributed to the accident. If “Yes” is checked, explain in block 40.

(27) **Block 27.** Equipment this Person was Associated With. Enter the item number (for example, #1, #2) from block 9 that indicates which piece of equipment this individual was associated with.

(28) **Block 28.** Licensed to Operate Equipment.

(a) **Block 28a.** If this individual was operating a vehicle or equipment (at the time of the accident) that required a license, complete the following information. Check the appropriate block. If no, skip to block 29.

(b) **Block 28b.** Check “Yes” if the individual has attended the mandatory 4 hours of classroom instruction in traffic safety and indicate the date of the training. Otherwise, check “No.”

(c) **Block 28c.** If the individual was operating a motorcycle in this accident, check yes if the individual is motorcycle safety foundation certified and enter the date. Otherwise, check “No.”

(29) **Block 29, Duty Hours.**

(a) **Block 29a.** Enter the time the Soldier or employee began work.

(b) **Block 29b.** State how many continuous hours this individual was on duty without sleep before the accident.

(30) **Block 30, Hours Sleep.** Enter the number of hours of sleep (cumulative) this individual had in the past 24 hours.

(31) **Block 31, Tactical Training.** Indicate whether the activity listed in blocks 23 and 24 was part of tactical training. Field exercise and tactical training begin when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

(32) **Block 32, Type Training Facility.** If the individual was participating in any type of training, enter the code for the type of training facility being used (see FM 7–1 for definitions). Code/Facility is listed as follows:

(a) A=Garrison

(b) B=Local training area

(c) C=Major training area

(d) D=NTC

(e) E=JRTC

(f) F=CMTC

(g) G=Standard range facility/live fire

(h) H=Other (specify)

(33) **Block 33, Last Training.** For the activity specified in blocks 23 and 24, enter the number of months since the last time the individual received training prior to the accident.

(34) **Block 34, Named exercise.** Check “Yes” if activity listed in blocks 23 and 24 was part of a field exercise or a named operation. Indicate the name of the exercise or operation (major and local field training exercise) if it has a name (for example, Team Spirit, Gallant Eagle). Check “No” if activity was not part of a field exercise or named operation.

(35) **Block 35, Night Vision System.** Indicate if night vision devices were being used by this individual at the time of the accident, (for example, NVG, AN/PVS–14). If used, specify the type. If they caused or contributed to the accident, explain in Block 40.

(36) **Block 36.** Individual Mistake(s) that Caused/Contributed to the Accident or Severity of Injury or Occupational Illness/Damage.

(a) **Block 36a.** In your opinion, did this individual make a mistake(s) that caused and/or contributed to the accident? If the answer is “YES”, complete Blocks 36b and 36c, and Block 37. If “NO”, skip to Block 39.

(b) **Block 36b.** Enter the code from appendix B, table B–2, which best indicates the type of mistake made by this individual.

(c) **Block 36c.** Describe the mistake and how it caused/contributed to the accident. Be specific, (for example, block 36a=”Yes”; block 36b=”47” (failed to use a ground guide when required); block 36c=”The Mine-Resistant Ambush Protected (MRAP) driver failed to use a ground guide when required. That is, the driver attempted to drive through an Entry Control Point (ECP) which required ground guides. Consequently, he struck a barrier causing extensive damage to the right side of the vehicle.”

(37) **Block 37.** Why the mistake(s) was made (system inadequacies/root causes). Mistakes can be caused by shortcomings of support, standards/procedures, training, leaders, or the individual. There can be more than one root cause selected. Specific causes include-Support-Shortcomings in type, capability, amount, or condition of equipment, supplies, services, facilities, and number and type personnel. Standards/procedures not clear or not practical or do not
exist. Training-School training, Unit training, or Experienced/OJT insufficient in content/amount. Leader-Direct, Unit Command, or Higher Command Supervision not ready, willing, or able to enforce known standards. Individual-Soldier knows and is trained to standard but elects not to follow standard (self-discipline-mistake due to own personal factors).

(a) Block 37a. Identify why the mistake was made (specific root cause(s)). See appendix B, Table B–5 for definitions. Enter the mistake number in the box next to the associated root cause. Multiple boxes can be checked.

(b) Block 37b. Describe the root cause(s) and tell how it/they caused the mistake. See appendix B for explanations. For example, if block 37a “Individual-Overconfident, Leader-Direct Supervision” then block 37b might say something like, “The driver was overconfident in his ability to operate the MRAP without a ground guide and the Vehicle Commander (VC) did not properly supervise the driver by allowing him to enter an entry control point (ECP) without a ground guide. This was in contravention of the BN SOP.”

(38) Block 38, Parachuting information. If the activity for the individual listed in block 11 is parachuting, complete blocks 38a thru 38q.

(39) Block 39, Environmental conditions. Enter the code(s) (no more than three from the list below) to indicate the conditions present at the time of the accident. Also indicate if the condition caused or contributed to the accident by checking the Caused/Contributed block and, if “YES”, explain in Block 40 (see app B). Code/Condition is listed follows:

(a) A=Clear/dry
(b) B=Bright/glare
(c) C=Dark/dim
(d) D=Fog/condensation/frost
(e) E=Mist/rain/sleet/hail
(f) F=Snow/ice
(g) G=Dust/fumes/gasses/smoke/vapors
(h) H=Noise/bang/static
(i) I=Temperature/humidity (cold/heat)
(j) J=Storm/hurricane/tornado
(k) K=Wind/gust/turbulence
(l) L=Vibrate/shimmy/sway/shake
(m) M=Radiation/laser/sunlight
(n) N=Holes/rocky/rough/rudded/uneven
(o) O=Inclined/steep
(p) P=Slippery (not due to precipitation)
(q) Q=Air pressure (bends, decompression, altitude, hypoxia)
(r) R=Lightning/static electricity/grounding
(s) S=Electromagnetic radiation (EMR)
(t) T=OTHER (specify)

(40) Block 40, Synopsis. Provide a brief synopsis of the accident explaining what and how the accident happened. If need be, continue on a separate sheet of paper annotating the block number and attach it to the report. The synopsis should include the events leading up to the accident, the actual accident sequence, and the post-accident scene and actions. For example, if a Soldier was involved in an off-duty POV accident, be sure to indicate where the Soldier was going, where he/she was coming from, and so forth. Also include the following information for off-duty accidents:

(a) Indicate whether the Soldier was on leave, pass, permanent change of station, or temporary duty (TDY)?
   1. How long was the Soldier on leave/pass when the accident occurred?
   2. Did the accident occur while the Soldier was en route to/from his/her destination?
(b) Was the Soldier deployed within the 365 days prior to the accident (yes/no)? If yes:
   1. When did the Soldier return from the deployment?
   2. Where was the deployment?
   3. How long was the deployment?
(c) Was the Soldier recently notified that he/she would deploy soon?
(d) Was there leader contact prior to the accident (yes/no)? If yes,
   1. What level of leadership?
   2. What type of contact (brief, TRiPS, trip planning, counseling, vehicle inspection, other)?

(41) Block 41, Corrective action(s) taken or planned. Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (see app B).

(42) Block 42, Explosive/Ammunition. If block 7 was checked “Yes,” enter the lot numbers, quantity, and the NEW of all ammunition and explosives involved. Also, include the model number and DODAC or DODIC.

Note. If the explosive/ammunition was exposed to significant environmental conditions, the environmental conditions should be
checked in block 39, and an explanation of the conditions and their effect on the explosive/ammunition should be provided in the synopsis. Significant environmental conditions include the following: extremely high/low temperatures; electromagnetic environmental effects; for example, radiated energy (such as being in close proximity to a radar site), electromagnetic energy, electrostatic energy or high voltage; water or high humidity; or prolonged exposure to direct sunlight.

(43) Block 43, Point of Contact.
(a) Block 43a. Enter the name, rank, and position of the individual from the unit/organization who can answer questions about this accident report.
(b) Block 43b. Enter the phone number for the individual listed in 43a.
(c) Block 43c. Enter the e-mail address for the individual listed in block 43a.

(44) Block 44, Command Review. As locally required.

(45) Block 45, Safety office review.
(a) Enter the name, rank and title of the safety office reviewing official.
(b) Enter the DSN and commercial phone number of the safety office reviewing official.
(c) Enter the e-mail address of the individual listed in 45a.
(d) Enter the date the report was reviewed.
(e) Enter the local report number (safety office use only).