Figure 4–1. Example of completed DA Form 285, Technical Report of U.S. Army Ground Accident

a. Also see paragraph 4–12.

b. Section A—Accident Information. This section should be completed for the report and for any changes to a previously submitted report.

   (1) Block 1. Check “original” if this is the first report submitted on the accident. Check “change” if this report is a change or provides supplemental data for a previously submitted report of accident.

   (2) Block 2. Enter the six-digit UIC for the specific organizational unit or activity responsible for the accident, (for example, WXXXXX). Guidance on determining accountability for Army accidents is provided in AR 385–10, chapter 3.

   (3) Block 3. For the unit/organization listed in block 2 provide the following data:

      (a) Block 3a. Name and full military address of unit/organization, (for example, B Company, 2/18th Cavalry, Fort Bragg, NC XXXXX–XXXX).

      (b) Block 3b. The branch of the Army with which the unit/organization is affiliated, (for example, Armor, Infantry, Engineer). Army branches are listed in table 4–3.

   (4) Block 4. Enter the year, month, and day of the accident in the appropriate blocks, (for example, 25 September 2007 would be shown as 20070925).

   (5) Block 5. In local military time (24-hour clock), report the time the accident occurred, (for example, 1845).

   (6) Block 6. 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 night (dark) to first light. Dawn is the period of time between BMNT and official sunrise. Dusk is the period of time between official sunset and EENT.

   (7) Block 7. Check either on post or off post, depending on where the accident happened. Note. On post includes all land under DOD control.

   (8) Block 8. If the accident occurred on post, state the name of the post, government facility, or installation where it occurred, (for example, Fort Bragg, NC; Federal Center, Atlanta, GA).

   (9) Block 9. 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.

   (10) Block 10. Check if explosives were involved and explain in the narrative. Involved means 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 5–3d, in blocks 52 and 76 and in the narrative, as appropriate. Check the appropriate fields in block 62 if the explosive was exposed to significant environmental conditions and describe in the narrative.
(11) Block 11. Enter accident location information.
   (a) Describe the exact location of the accident. Provide the building number or direction and distance from closest landmark, street or highway name/number, city or military installation, state and/or country.
   (b) Using the type location information in table 4–4, choose the type that best describes the location’s primary function. For example, a person injured in the kitchen of a private resident would be in “family housing,” not in a “dining facility.”
   (c) Enter the grid coordinate or the latitude/longitude of the accident location.

   c. Section B—Personnel Information. Complete this section for each individual involved (caused/contributed and/or injured) in the accident.
   (1) Block 12. Enter last name, first name, and middle initial of involved person.
   (2) Block 13. Enter the SSN for the individual listed in block 12.
   (3) Block 14. Enter the date of birth for the person listed in block 12.
   (4) Block 15. Check the appropriate block which reflects the gender of the individual listed in block 12.
   (5) Block 16. Enter the rank/pay grade of the individual listed in block 12 (for example, SGT/E5, CPT/O3, GS–11, WG–08). Complete for all government personnel.

(6) Block 17. Enter the full MOS/job series for the individual listed in block 12. For military MOS, give the full series number including the alphabetic character, (for example, 54E20, 11B40). For civilians, give the full job series number or occupational code and include the pay plan and grade or ban (for example, GS–0018–13, WG–07, YA–0018–2). Do not give the job title.

(7) Block 18. Address information for the individual listed in block 12.
   (a) Provide individual’s full official military address of assignment for all government personnel if it is different than the address listed in block 3a. If different than block 3a, provide the UIC as well.
   (b) For injured Army civilians or contractors, and members of the visiting public, enter their home address.

(8) Block 19.
   (a) Check the correct block to indicate the duty status of the person listed in block 12 (See glossary for definition of duty status). (This determination applies for safety accident reporting purposes only, and has no relation to compensability or line-of-duty decisions.)
   (b) 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, 10 Jun - 5 Jul ’06).

(9) Block 20. Check the appropriate block (for government personnel only) to indicate the current military flight status of the individual listed in block 12.

(10) Block 21.
   (a) Enter the local military time the Soldier or employee began work.
   (b) State how many continuous hours this individual was on duty without sleep before the accident.

(11) Block 22. Indicate how many hours of sleep (cumulative) this individual had in the last 24 hours before the accident.

(12) Block 23. Days lost or restricted.
   (a) Days hospitalized. Enter the actual or estimated number of days the individual in block 12 was hospitalized as an inpatient/admitted receiving treatment. This also includes days hospitalized for observation only.
   (b) Days away from work not hospitalized. Enter the actual or estimated number of days lost that the individual could not work excluding the day of the injury/occupational illness. Include quarters, bed rest, convalescence leave, or time that a physician indicated 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. You may stop counting days away from work or days of restricted work once the total of either or the combination of both reaches 180 days.

   (c) 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 functions of his/her job. Restricted work activities include light duty, profiles, and job transfers.

(13) Block 24. Check “Yes” if this individual was treated in an emergency room, otherwise check “No.”

(14) Block 25.
   (a) OSHA log 300 case number. 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) Enter the name of the physician or other health care professional.
   (c) If treatment was given away from the worksite, enter the name and address of the facility.

(15) Block 26. Check the block that indicates the severity of the injury/occupational illness to the person listed in
block 12. If more than one applies, check the most severe. If fatal is checked, enter the date of death in the space provided.

(16) Block 27. Select the classification of the person listed in block 12 at the time of the accident. For complete definitions, consult the glossary in sections II and III of this pamphlet. Check only one block.

(17) Block 28. Number in order of the most severe (no more than three - with one being the most severe), the cause of the injury/illness. These numbers should correlate with the information in blocks 29 and 30. For example, an individual’s hand was caught between some machinery resulting in fractures. The number “1” would be assigned to “caught in/under/between.”

(18) Block 29. Select the body part(s) most seriously injured (no more than three) and number them in order of the most serious first. Enter the number(s) in the appropriate blocks next to the body part(s) affected. Be as specific as possible.

(19) Block 30. For each body part numbered in block 29, place a corresponding number in the block that indicates the type of injury/illness incurred by that body part (no more than three). Be as specific as possible. For example, the number “1” used to indicate item 0, Hand, in block 29 is also used to indicate item f, Fractures, in block 30, showing that the most serious injury/occupational illness was to the hand, which was fractured. (If necessary, more than one number can be put into a block).