

**TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT  
PART IX - PERSONAL DATA**

For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

*REQUIREMENTS CONTROL SYMBOL  
CSOCS-309*

**1. ROLE OF THIS INDIVIDUAL**

a. Errors That Caused/Contributed to Accident  
 Definitely    Suspected    None    Undetermined

b. On Controls When Accident Occurred  
 Yes    No    Undetermined

**2. BACKGROUND DATA**

|                                     |  |                               |  |
|-------------------------------------|--|-------------------------------|--|
| a. Age                              |  | g. Hours Worked Last 24 Hours |  |
| b. Hours Awake Prior to Accident    |  | h. Hours Worked Last 48 Hours |  |
| c. Hours Duration Last Sleep Period |  | i. Hours Worked Last 72 Hours |  |
| d. Hours Slept Last 24 Hours        |  | j. Hours Flown Last 24 Hours  |  |
| e. Hours Slept Last 48 Hours        |  | k. Hours Flown Last 48 Hours  |  |
| f. Hours Slept Last 72 Hours        |  | l. Hours Flown Last 72 Hours  |  |

**3. CREWMEMBER DATA**

|   |     |  |  |
|---|-----|--|--|
| a. Primary Acft MTDS  |     | j. NVG Qualified   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Alternate Acft MTDS  |     | k. Date Qualified In Acft MTDS (YYMMDD)                            |  |
| c. Additional Acft MTDS   |     | l. ATM Task Number Associated With Initial Indication of Emergency |  |
| d. FAC<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  |     | Last Performed (YYMMDD)  |  |
| e. RL In Accident Acft MTDS<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA |     | m. ATM Task Number Involved In Response To Emergency               |  |
| f. APART Completed (YYMMDD)   |     | Last Performed (YYMMDD)  |  |
| g. Physical Exam Completed (YYMMDD)   |     | n. Medical Waiver  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Most Recent Evaluation Flight In Accident MTDS Acft (YYMMDD)   |     | o. Post-Accident Flight Eval (YYMMDD) Result                       |  |
| i. MTDS Acft Flown In Last 60 Days  | (1) | p. Post-Accident Medical Exam/Autopsy (YYMMDD)                     |  |
|   | (2) | q. Required Lab Tests Accomplished                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (3) |  |  |

**4. FLIGHT AND CREW DUTY EXPERIENCE (Round off to the nearest hour)**

| a. Type Experience And Time | Rotary Wing | Fixed Wing | Total | Imminent Danger | Combat | Acft Aircraft Hrs Design | Series |
|-----------------------------|-------------|------------|-------|-----------------|--------|--------------------------|--------|
| (1) Military                |             |            |       |                 |        |                          |        |
| (2) Civilian                |             |            |       |                 |        |                          |        |
| (3) Total Hours             |             |            |       |                 |        |                          |        |

b. Duty Experience

| Duty        | CP | PI | PC | UT | IP | IE | SP | MP | ME | XP |
|-------------|----|----|----|----|----|----|----|----|----|----|
| Total Hours |    |    |    |    |    |    |    |    |    |    |

c. Flight Condition Experience

| Condition   | D | N | H | W | NG | DG | NS | DS | TR | AA |
|-------------|---|---|---|---|----|----|----|----|----|----|
| Total Hours |   |   |   |   |    |    |    |    |    |    |

| d. Monthly Flight Hours Past 3 Months In Accident Acft MTDS |         |         |         |          | e. Other Crew Duty Experience |    |    |    |    |    |    |
|---|---------|---------|---------|----------|-------------------------------|----|----|----|----|----|----|
| Date  | Prev 90 | Prev 60 | Prev 30 | This Mo. | Duty                          | CE | OR | AO | MO | FI | SI |
| Hours   |         |         |         |          | Total Hours                   |    |    |    |    |    |    |

**5. MAINTENANCE AND SUPPORT PERSONNEL DATA**

|                       |  |       |   |
|-----------------------|--|-------|---|
| a. PMOS               |  | Title | f. Civilian Job Series or Title   |
| b. SMOS               |  | Title |   |
| c. DMOS               |  | Title |   |
| d. Deficient Task No. |  |       | Performance Standards Met For This Task<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. MOS Verification   | (1) SQT/SDT <input type="checkbox"/> Go <input type="checkbox"/> No Go<br>(2) Overall Percentile _____ % |       |   |

|             |                  |         |                    |                           |
|-------------|------------------|---------|--------------------|---------------------------|
| 6. CASE NO. | a. Date (YYMMDD) | b. Time | c. Acft Serial No. | 7. OTHER ARCFT SERIAL NO. |
|-------------|------------------|---------|--------------------|---------------------------|

| 8. LABORATORY TESTS            |                     |              |              |           |                  |                  |                  |         |
|--------------------------------|---------------------|--------------|--------------|-----------|------------------|------------------|------------------|---------|
| Type Test                      | Specimen Tested     | Results      | Name of Drug |           | USASC Code Block |                  |                  |         |
| a. Carbon Monoxide             |                     |              |              |           |                  |                  |                  |         |
| b. Alcohol/Volatiles           |                     |              |              |           |                  |                  |                  |         |
| c. Drug Screen                 |                     |              |              |           |                  |                  |                  |         |
| d. Other                       |                     |              |              |           |                  |                  |                  |         |
| 9. HISTORY OF DISEASES/DEFECTS |                     |              |              |           |                  |                  |                  |         |
| Diagnosis                      | Method of Discovery |              |              |           | Waivers          |                  | USASC Code Block |         |
|                                | Anl<br>Phy          | Sick<br>Call | Autopsy      | Other     | Auth.            | Date<br>(YYMMDD) |                  |         |
|                                |                     |              |              |           |                  |                  |                  |         |
|                                |                     |              |              |           |                  |                  |                  |         |
|                                |                     |              |              |           |                  |                  |                  |         |
| 10. REMARKS                    |                     |              |              |           |                  |                  |                  |         |
|                                |                     |              |              |           |                  |                  |                  |         |
| 11. NAME (Last, First, MI)     |                     | 12. SSN      |              | 13. GRADE | 14. SEX          | 15. DUTY         | 16. SVC          | 17. UIC |