### Accident Report

**Date (Day, Month, Year):**

#### 1. Reporting Ship, Activity or Unit

#### 2. Personnel Injured

- **Name:**
- **Rank:**
- **Rate or Trade:**
- **Branch of Service:**

<table>
<thead>
<tr>
<th>Age</th>
<th>Years Exper</th>
<th>Duty or Work Assignment</th>
<th>Est. Days Lost or Disabling Time Chgs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>2.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Property/Equipment Damage

<table>
<thead>
<tr>
<th>Type</th>
<th>Ownership</th>
<th>Labor</th>
<th>Material</th>
<th>Overhead</th>
<th>Total</th>
</tr>
</thead>
</table>

#### 4. Date and Time of Accident

<table>
<thead>
<tr>
<th>Hour</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Good</th>
<th>Adverse</th>
<th>Not Applicable</th>
<th>Light</th>
</tr>
</thead>
</table>

#### 5. Description of Accident:

Describe the accident so that the Reviewing Official can get a clear picture of the accident and the reasons for it. Select and check closest applicable item in each section on back of form.

6. Forms Submitted Applicable to Injured Civilian Employees

**A. C.A. 1:**  
- Yes [✓]  
- No

**B. C.A. 2:**  
- Yes
- No

**C. Other** (Indicate)

7. Recommended Corrective Action:

What recommendations have been made which will help prevent another accident like this?

---

**Signature of Supervisor:**  
**Title, Rank, Rate or Grade:**  
**Date:**

---

**Signature of Reviewing Official:**  
**Title, Rank, Rate or Grade:**  
**Date:**
<table>
<thead>
<tr>
<th>PART OF BODY</th>
<th>TYPE OF INJURY</th>
<th>UNSAFE PERSONAL FACTOR</th>
<th>UNSAFE ACT</th>
<th>UNSAFE MECHANICAL CONDITION</th>
<th>AGENCY INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Check (x) if (x) is present.
- Left column pertains to every body part (head, Neck, Shoulder, Arm, etc.).
- Left column is to be checked.