

UNMANNED AIRCRAFT SYSTEM ACCIDENT REPORT (UASAR)

Use for all UAS Aviation Accidents

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

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

| | | | | | | |
|--|--|---|---|---|---|---|
| 1. ACCIDENT CASE INFORMATION | | a. Date (YYYYMMDD) | b. Time (Local) | | c. UA Tail Number | |
| 2. ACCIDENT CLASS/ CATEGORY | | a. Classification <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F | | | b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related <input type="checkbox"/> Aircraft Ground | 3. UAS MTDS |
| 4. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night | | 5. AIRCRAFT INVOLVED | | a. Number of Aircraft Involved | b. In Flight/Mid-Air Collision <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | 6. NEAREST MILITARY INSTALLATION |
| 7. ACCIDENT LOCATION | | a. <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post | b. <input type="checkbox"/> On Airfield <input type="checkbox"/> Not on Airfield | c. City | d. State | e. Country |
| 8. ORGANIZATION INVOLVED | | | | | | |
| a. Unit Designation | | b. Unit Identification Code (UIC) | | c. Home Station | | d. Army Headquarters |
| 9. ACCOUNTABLE ORGANIZATION (If same as block 8 leave blank) | | | | | | |
| a. Unit Designation | | b. Unit Identification Code (UIC) | | c. Home Station | | d. Army Headquarters |
| 10. ACCIDENT COST DATA | | a. UA Total Loss <input type="checkbox"/> Yes <input type="checkbox"/> No | b. UA Damage or replacement Cost (Excluding Man-hours) \$ | | c. Number of Man-Hours | d. Man-Hours Cost \$ |
| f. Other Damage Cost-Military \$ | | g. Other Damage Cost-Civilian \$ | | h. Injury/Occupational Illness \$ | i. Total Cost (This UAS) \$ | |
| 11. GENERAL DATA | | a. Mission | a(1). Type Mission | a(2). Aircraft Mode <input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship <input type="checkbox"/> Manned/Unmanned Teaming | | a(3). Level of Interoperability (LOI) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA |
| a(4). Simultaneous UA Operation? (If Yes, specify number & MTDS) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | b. Flight Plan <input type="checkbox"/> Military <input type="checkbox"/> Civil <input type="checkbox"/> Operation's Log | | c. Flight Rules <input type="checkbox"/> VFR <input type="checkbox"/> IFR | |
| d. Mission/ Training | | d(1). At what level was mission/training conducted? <input type="checkbox"/> Bde <input type="checkbox"/> Bn <input type="checkbox"/> Co <input type="checkbox"/> Plt <input type="checkbox"/> Sqd <input type="checkbox"/> Team <input type="checkbox"/> Crew | | | d(2). Who approved the mission/training? Rank & Position: | |
| d(3). Was a mission brief completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | d(4). Who was in charge during the mission? Rank & Position: | | | d(5). Who was the senior leader present during the mission/training? Rank & Position: | |
| e. Risk Management (RM) | | e(1). RM Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No | e(2). Who performed the RM? Rank & Position: | | e(3). RM Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No | e(4). Who accepted risks? Rank & Position: |
| e(5). What was the level of the risk after controls applied? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extremely High | | | | e(6). How was the RM process communicated? (Check all that apply.) <input type="checkbox"/> Worksheet <input type="checkbox"/> Verbal Brief <input type="checkbox"/> Order <input type="checkbox"/> Not Communicated | | |
| e(7). Accident event identified/considered during RM process? (If yes, complete blocks 11a(7)a thru 11e(7)d) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | e(7)a. What was the level of the identified risk? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extremely High | | |
| e(7)b. Was the control measure(s) applied? <input type="checkbox"/> Yes <input type="checkbox"/> No | | e(7)c. Who was responsible for implementing the controls? Rank & Position: | | | e(7)d. Was the potential for accident event accepted as residual risk? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| f. Digital Source Collector (DSC) | | f(1). DSC installed? (If yes, enter type of DSC) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | f(2). Data captured and preserved? (If yes, specify storage location) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| g. Fire <input type="checkbox"/> None <input type="checkbox"/> Inflight <input type="checkbox"/> Postcrash <input type="checkbox"/> Other (Specify) | | | h. Hazardous Material Spillage (If yes & a Class A, B or C accident, attach DA Form 2397-6) <input type="checkbox"/> Yes <input type="checkbox"/> No | | i. Did accident occur while on an exercise or at a training facility/center? (If yes, enter the name) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. SUMMARY (Attach a continuation sheet(s) as needed) | | | | | | |

| | | | | | | | | |
|---|--|---|--|-------------------------|---|---|---|--|
| 13. FLIGHT DATA | Flight Duration | Phase of Operation <i>(Enter max of 3 codes from Table 3-4 of DA Pam 385-40 or specify the phase if there is no code for it in the table)</i> | Altitude MSL | Altitude AGL | Airspeed KIAS | UA Weight | UA Overgross Weight for Conditions Yes No | 14. TYPE EVENTS <i>(Enter max of 3 codes from Appendix F table F-3 of DA Pam 385-40 or specify the type event which best describes the accident/incident event if there is no code for it in the table.)</i> |
| a. At Emergency/ Onset | Hours Tenths | | | | | | <input type="checkbox"/> <input type="checkbox"/> | |
| b. At Impact/Acdt or Termination | Hours Tenths | | | | | | <input type="checkbox"/> <input type="checkbox"/> | |
| c. Flight Ctrl Malfunction | Check all that apply: <input type="checkbox"/> Human <input type="checkbox"/> Environmental <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part <input type="checkbox"/> Not Applicable | | | | | | | |
| 15. ACCIDENT CAUSE FACTORS <i>(For blocks 15a-c, D=definite, S=Suspected, U=Undetermined and N=No/None)</i> | | | | | | | a. Human Factors <i>(Check box D, S, U or N. If D or S, complete blocks 15a(1)(a)-(e))</i> | |
| a(1). System Inadequacies <i>(Enter max of 3 codes in each block below from table B-5 (Additional codes in table B-1) DA Pam 385-40 or if there is no code in the table, write in that which best describes the failure)</i> | | | | | | | <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | |
| a(1)a. Support Failure | | a(1)b. Standards Failure | | a(1)c. Training Failure | | a(1)d. Leader Failure | | |
| a(1)e. Individual Failure | | b. Materiel Factors <i>(Check box D, S, U or N. If D or S, complete blocks 15b(1)-(2))</i> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | | | | b(1). Type <i>(Check all that apply.)</i> <input type="checkbox"/> Component/Part <input type="checkbox"/> Hardware <input type="checkbox"/> Software | | |
| b(2). Component and Part <i>(Part that initiated failure/malfunction)</i> | | | | | | | | |
| | UAS Subsystem <i>(UA, GCS, GDT, TALS, etc.)</i> | | Major Component | | | Part | | |
| a. Nomenclature | | | | | | | | |
| b. Type, Design, and Series | | | | | | | | |
| c. Part Number | | | | | | | | |
| d. NSN/ Manufacturer's Number | | | | | | | | |
| e. Manufacturer's Code | | | | | | | | |
| f. Serial Number | | | | | | | | |
| g. Cause of Failure/ Malfunction | | | <input type="checkbox"/> Materiel <input type="checkbox"/> Maintenance <input type="checkbox"/> Design <input type="checkbox"/> Manufacture | | <i>(Enter the applicable Failure Codes (max 2) using table 1-2, DA Pam 738-751 (TAMMS-Aviation))</i> | | | |
| c. Environmental Factors <i>(Check box D, S, U or N, as appropriate.)</i> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | | | c(1). General <i>(Check all that apply.)</i> <input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Icing <input type="checkbox"/> Turbulence | | | c(2). Weather Conditions <i>(Enter max of 3 codes from Appendix F table 3-26 of DA Pam 385-40 or specify the weather condition if there is no code for it in the table.)</i> | | |
| c(3). Environmental Signal Factors <input type="checkbox"/> Uplink <input type="checkbox"/> Downlink <input type="checkbox"/> Interference <input type="checkbox"/> E ³ <input type="checkbox"/> NA <input type="checkbox"/> Other <i>(Specify)</i> | | | | | | | | |
| c(4). Other Environmental Factors <i>(Enter max of 3 codes from Appendix F table 3-27 of DA Pam 385-40 or specify the weather condition if there is no code for it in the table.)</i> | | | | | | | | |
| 16. LOSS OF LINK <i>(Check box D, S, U or N. If D or S, complete blocks 16 a-d)</i> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | | | a. Type of Link Lost <input type="checkbox"/> Uplink <input type="checkbox"/> Downlink <input type="checkbox"/> Unknown | | b. Type of Link <input type="checkbox"/> LOS <input type="checkbox"/> BLOS <input type="checkbox"/> C-Band <input type="checkbox"/> Ku-Band <input type="checkbox"/> Other <i>(Specify)</i> | | | |
| c. UA distance from the GCS at time of LOL | | | d. LOL Factors <i>(Check all that apply.)</i> <input type="checkbox"/> Human <input type="checkbox"/> Environment <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part | | | | | |
| 17. TAKE OFF/LANDING DATA <i>(Complete block 17a if accident occurred during take-off phase and block 17b if during landing phase.)</i> | | | | | | | | |
| a. Take-Off (T/O) Phase | a(1). T/O Method <input type="checkbox"/> ATLS <input type="checkbox"/> Launcher <input type="checkbox"/> Manual | | a(2). T/O Accident Factors <i>(Check all that apply.)</i> <input type="checkbox"/> Human <input type="checkbox"/> Environment <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part | | | | | |
| b. Landing Phase | b(1). Landing Method <input type="checkbox"/> ATLS <input type="checkbox"/> TALS <input type="checkbox"/> FTS <input type="checkbox"/> Manual | | b(2). Landing Accident Factors <i>(Check all that apply.)</i> <input type="checkbox"/> Human <input type="checkbox"/> Environment <input type="checkbox"/> Materiel <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Component/Part | | | | | |

18. TYPE OF STRIKE
 Wire Bird Tree Object Lighting Antenna N/A Other (Specify)

19. PERSONNEL DATA (Complete for each crew member with access to flight controls, personnel injured/occupational illness, personnel having a contributing role in the accident; use additional forms if needed.)

| | | | | | | | | | | |
|---------------------------|----------------|---|---|--|--|---------|--------------------|---|---|--|
| a. Name (Last, First, MI) | | (1) SSN | (2) Grade | (3) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | (4) Duty | (5) SVC | (6) UIC (Assigned) | (7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | (8) On Fit Ctrls <input type="checkbox"/> Yes <input type="checkbox"/> No | (9) Lab Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not Required |
| (10) Activity | (a) Hrs Slept | (11) Individual Status | | | (12) Injury/Occupational Illness (If "yes" complete and attach DA Form 2397-9) | | (13) MTDS Flt Hrs | (14) Total Flt Hrs | | |
| | (b) Hrs Worked | (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Msn Prep <input type="checkbox"/> Msn Qual | (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA (SUAS Operators) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | (c) Hrs Flown | (c) Redeployed Date (YYYYMMDD) | | | | | | | | |
| b. Name (Last, First, MI) | | (1) SSN | (2) Grade | (3) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | (4) Duty | (5) SVC | (6) UIC (Assigned) | (7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | (8) On Fit Ctrls <input type="checkbox"/> Yes <input type="checkbox"/> No | (9) Lab Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not Required |
| (10) Activity | (a) Hrs Slept | (11) Individual Status | | | (12) Injury/Occupational Illness (If "yes" complete and attach DA Form 2397-9) | | (13) MTDS Flt Hrs | (14) Total Flt Hrs | | |
| | (b) Hrs Worked | (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Msn Prep <input type="checkbox"/> Msn Qual | (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA (SUAS Operators) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | (c) Hrs Flown | (c) Redeployed Date (YYYYMMDD) | | | | | | | | |
| c. Name (Last, First, MI) | | (1) SSN | (2) Grade | (3) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | (4) Duty | (5) SVC | (6) UIC (Assigned) | (7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N | (8) On Fit Ctrls <input type="checkbox"/> Yes <input type="checkbox"/> No | (9) Lab Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not Required |
| (10) Activity | (a) Hrs Slept | (11) Individual Status | | | (12) Injury/Occupational Illness (If "yes" complete and attach DA Form 2397-9) | | (13) MTDS Flt Hrs | (14) Total Flt Hrs | | |
| | (b) Hrs Worked | (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Msn Prep <input type="checkbox"/> Msn Qual | (b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA (SUAS Operators) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | (c) Hrs Flown | (c) Redeployed Date (YYYYMMDD) | | | | | | | | |

20. FINDINGS AND RECOMMENDATIONS (See instructions in DA Pam 385-40, para 2-24, for writing findings and recommendations. Use additional sheets if needed)

| | | | | | | | |
|-----------------|-------------|---------------|--------------------|------|------|------|------|
| USACRC use only | Duty | Role | Failure/error Code | SI 1 | RM 1 | RM 2 | RM 3 |
| | Phase of OP | Task/part no. | | SI 2 | RM 1 | RM 2 | RM 3 |

21. LIST OF ATTACHMENTS (ECOD/ACOD, CCAD, PQDR, DA Forms 2397-series, etc.)

22. BOARD PRESIDENT/ASO/POC (Name, Signature, and Date)

| | | |
|----------|-----------|-----------------------------------|
| a. Grade | b. Branch | Address and Tel No. (DSN and Com) |
| E-Mail | | |

23. COMMAND REVIEW (Only required for class A, B & C)

| Reviewer | Organization | Name (Last, First, MI) | Rank | Comments | Signature |
|------------------------|--------------|------------------------|------|---|-----------|
| a. Unit Commander | | | | <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur | |
| b. Reviewing Official | | | | <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur | |
| c. Approving Authority | | | | <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur | |
| d. DA Review | USACR/SC | | | Approved for entry into ASMIS (YYYYMMDD) | |