

<b>UNMANNED AIRCRAFT SYSTEM ACCIDENT REPORT (UASAR)</b>				<i>REQUIREMENTS CONTROL SYMBOL CSOCS-309</i>	
Use for all UAS Aviation Accidents					
For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.					
<b>1. ACCIDENT CASE INFORMATION</b>	a. Date (YYYYMMDD)		b. Time (Local)		c. UA Tail Number
<b>2. ACCIDENT CLASS/ CATEGORY</b>	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	
<b>3. UAS MTDS</b>					
<b>4. PERIOD OF DAY</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night		<b>5. AIRCRAFT INVOLVED</b>	a. Number of Aircraft Involved	b. In Flight/Mid-Air Collision <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>6. NEAREST MILITARY INSTALLATION</b>					
<b>7. ACCIDENT LOCATION</b>	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
f. Grid and/or Lat/Long					
<b>8. ORGANIZATION INVOLVED</b>					
a. Unit Designation		b. Unit Identification Code (UIC)		c. Home Station	d. Army Headquarters
<b>9. ACCOUNTABLE ORGANIZATION (If same as block 8 leave blank)</b>					
a. Unit Designation		b. Unit Identification Code (UIC)		c. Home Station	d. Army Headquarters
<b>10. ACCIDENT COST DATA</b>	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 \$
e. Other UAS Sub-System Cost \$					
f. Other Damage Cost-Military \$	g. Other Damage Cost-Civilian \$	h. Injury/Occupational Illness \$	i. Total Cost (This UAS) \$		j. Total Cost (All Aircraft) \$
<b>11. GENERAL DATA</b>	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	
<b>12. SUMMARY</b> (Attach a continuation sheet(s) as needed)					

<b>13. FLIGHT DATA</b>	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		<b>14. TYPE EVENTS</b> <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					Yes		No	
	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										
<b>15. ACCIDENT CAUSE FACTORS</b> <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>				b(1). Type <i>(Check all that apply.)</i>					
		<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N				<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>				c(1). General <i>(Check all that apply.)</i>				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>			
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N				<input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Icing <input type="checkbox"/> Turbulence							
c(3). Environmental Signal Factors <input type="checkbox"/> Uplink <input type="checkbox"/> Downlink <input type="checkbox"/> Interference <input type="checkbox"/> E <sup>3</sup> <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>											
<b>16. LOSS OF LINK</b> <i>(Check box D, S, U or N. If D or S, complete blocks 16 a-d)</i>				a. Type of Link Lost				b. Type of Link			
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N				<input type="checkbox"/> Uplink <input type="checkbox"/> Downlink <input type="checkbox"/> Unknown				<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							
<b>17. TAKE OFF/LANDING DATA</b> <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						

<b>18. TYPE OF STRIKE</b>										
<input type="checkbox"/> Wire <input type="checkbox"/> Bird <input type="checkbox"/> Tree <input type="checkbox"/> Object <input type="checkbox"/> Lighting <input type="checkbox"/> Antenna <input type="checkbox"/> N/A <input type="checkbox"/> Other (Specify)										
<b>19. PERSONNEL DATA</b> <i>(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.)</i>										
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 (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) (c) Redeployed Date (YYYYMMDD)			(12) Injury/Occupational Illness <i>(If "yes" complete and attach DA Form 2397-9)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		(13) MTDS Flt Hrs	(14) Total Flt Hrs		
	(b) Hrs Worked									
	(c) Hrs Flown									
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 (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) (c) Redeployed Date (YYYYMMDD)			(12) Injury/Occupational Illness <i>(If "yes" complete and attach DA Form 2397-9)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		(13) MTDS Flt Hrs	(14) Total Flt Hrs		
	(b) Hrs Worked									
	(c) Hrs Flown									
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 (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) (c) Redeployed Date (YYYYMMDD)			(12) Injury/Occupational Illness <i>(If "yes" complete and attach DA Form 2397-9)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		(13) MTDS Flt Hrs	(14) Total Flt Hrs		
	(b) Hrs Worked									
	(c) Hrs Flown									
<b>20. FINDINGS AND RECOMMENDATIONS</b> <i>(See instructions in DA Pam 385-40, para 2-24, for writing findings and recommendations. Use additional sheets if needed)</i>										
<b>USACRC use only</b>	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		
<b>21. LIST OF ATTACHMENTS</b> <i>(ECOD/ACOD, CCAD, PQDR, DA Forms 2397-series, etc.)</i>										
<b>22. BOARD PRESIDENT/ASO/POC</b> <i>(Name, Signature, and Date)</i>				a. Grade	b. Branch	Address and Tel No. <i>(DSN and Com)</i>				
				E-Mail						
<b>23. COMMAND REVIEW</b> <i>(Only required for class A, B &amp; C)</i>										
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)					