

SECTION B - PERSONNEL INFORMATION (Continued)

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

a. Soldiering	j. Test/Study/Experiments	s. Fabricating	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passengers	bb. Passenger
c. Physical Training	l. Information and Arts	u. Janitorial/ Housekeeping/ Grounds Keeping	cc. Human movement
d. Weapons Firing	m. Food and Drug Inspection		dd. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	v. Food/Drink Preparations	ee. Bystanding/spectating
f. Communications	o. Pest/Plant Control	w. Supervisory	ff. Personal Hygiene/Food/Drink Consumption/Sleeping
g. Security/Law Enforcement	p. Operating Vehicle or Vessel	x. Office	gg. Parachuting (See Instructions)
h. Fire Fighting	q. Handling Animal	y. Counseling/Advisory	
i. Patient Care (People/Animals)	r. Maintenance/Repair/Serviceing	z. Sports	

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

33. ON FIELD EXERCISE (Check one)

- a. Yes (If YES, specify name of exercise.)
 b. No

34. ACTIVITY PART OF TACTICAL TRAINING? (Check one)

- a. Yes
 b. No

35. Type of training facility being used (Check one)

- | | | |
|------------------------|---------|----------------------------------|
| a. Garrison | d. NTC | g. Std. range facility/live fire |
| b. Local training area | e. JRTC | h. Other (Specify) |
| c. Major training area | f. CMTC | |

36. Type of training participating in at the time of accident (Check/specify)

- a. School (Specify)
- b. UNIT → (1) Platoon (2) Crew (3) Individual
- c. On-the-job training d. Other (Specify)

37. Last time individual received training prior to accident on activity specified in block 31? (Check one)

- | | |
|------------------|----------------------|
| a. 0 - 3 months | e. 1 - 2 years |
| b. 3 - 6 months | f. More than 2 years |
| c. 6 - 9 months | g. Never |
| d. 9 - 12 months | h. Not applicable |

38. Required protective equipment

CHECK APPROPRIATE BLOCK(S)	AVAILABLE?		USED?		N/A
	YES	NO	YES	NO	
a. Seat belt					
b. Helmet					
c. Goggles/glasses					
d. Gloves					
e. Ear plugs					
f. Other (Specify)					

39. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? (Check one)

- a. Yes b. No c. N/A

40. DID ALCOHOL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one)

- a. Yes b. No c. Unknown

41. If drugs caused/contributed to this accident, check appropriate block.

- a. Prescription
 b. Illegal
 c. Over-the-counter
 d. None

42. Were vision enhancement devices being used? (Check appropriate block.)

- a. Yes (Specify type/model in c and d.)
 b. No
- c. TYPE d. MODEL

43. Standard/Reference covering activity/task

- a. Soldier's Manual (Task No.)
 b. CTT (Task No.)
 c. AR/TM/FM (Specify)
 d. SOP e. None (Go to block 45.)

44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)

- a. Yes b. No (If NO, complete blocks 46-47.)

45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)

- a. Yes (If YES, complete blocks 46-47.) b. No

46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)

47. Why was mistake made/activity performed incorrectly? (Check the most important reason and specify in Block 63.)

- | | | |
|--|-----------------------------|--|
| a. Inadequate school training (content/amount) | f. In a hurry | k. Inadequate services |
| b. Inadequate unit training (content/amount) | g. Poor/bad attitude | l. Improper equipment design |
| c. Inadequate on-the-job training (content/amount) | h. Lack of rest/sleep | m. Inadequate written procedures (AR, TM, SOP) |
| d. Fear/excitement | i. Effects of alcohol/drugs | n. Improper supervision |
| e. Overconfident in own/others abilities | j. Inadequate facilities | o. Other (Specify in narrative) |