



MISHAP ACTION PLAN

(MAP)

APRIL 2002

INTRODUCTION

The Mishap Action Plan (MAP) Checklist is a booklet provided as a user's guide at the unit level. The booklet is divided into three sections to address the three basic areas involved with a ground mishap and reporting procedures.

Section I provides the Duty Personnel guidance and immediate actions procedures to be followed.

Section II provides guidance and procedures to members of a Safety Investigation Board conducting a Safety Investigation.

Section III provides examples of required message reports.

The MAP Checklist booklet is also being provided electronically for the individual units to customize its contents as necessary.

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SECTION I

DUTY OFFICER

DUTY NCO

GUIDANCE

INSTRUCTIONS FOR DUTY OFFICER/DNCO

- 1. General.** The Duty Officer/DNCO will probably receive the initial report of a ground mishap. It is absolutely paramount that all Duty Officer/DNCOs be familiar and confident with the MAP checklist.
- 2. Immediate Actions.** The MAP checklist is a step-by-step guide designed to help the Duty Officer/DNCO gather pertinent information and meet the reporting requirements after being notified of a ground mishap. All Duty Officer/DNCOs should review the MAP checklist at the beginning of every tour of duty. Upon notification of a mishap involving unit personnel or equipment, turn IMMEDIATELY to the Mishap Checklist and execute the appropriate steps.
- 3. Upon initial notification of a mishap and after obtaining all essential information, the Duty Officer/DNCO should take down the caller's name, telephone number, and location.**

REFERENCES

- 1. SAFETY CAMPAIGN PLAN**
- 2. MARADMIN 139/02 SAFETY INVESTIGATIONS 9135130Z MAR 02**
- 3. MARADMIN 047/02 SERIOUS INCIDENT REPORTS**
- 4. MCO 5100.29 MARINE CORPS SAFETY PROGRAM**
- 5. MCO P5100.8F MARINE CORPS OCCUPATIONAL SAFETY AND HEALTH PROGRAM MANUAL**
- 6. MCO P5102.1A MARINE CORPS GROUND MISHAP INVESTIGATION AND REPORTING MANUAL**
- 7. MCO P 3040.4D CH 1 MARINE CORPS CASUALTY PROCEDURES MANUAL (SHORT TITLE: MARCORCASPROC MAN)**
- 8. MCO 5740.2F OPREP-3SIR: SERIOUS INCIDENT REPORTS**
- 9. NAVAL TELECOMMUNICATION PROCEDURE (NTP) PUBLICATIONS NTP-3 (UNCLAS)**

NOTE:

REFERENCES 1 - 3 ARE LOCATED ON HQMC SAFETY DIVISION WEBSITE

(<http://www.hqmc.usmc.mil/safety.nsf>).

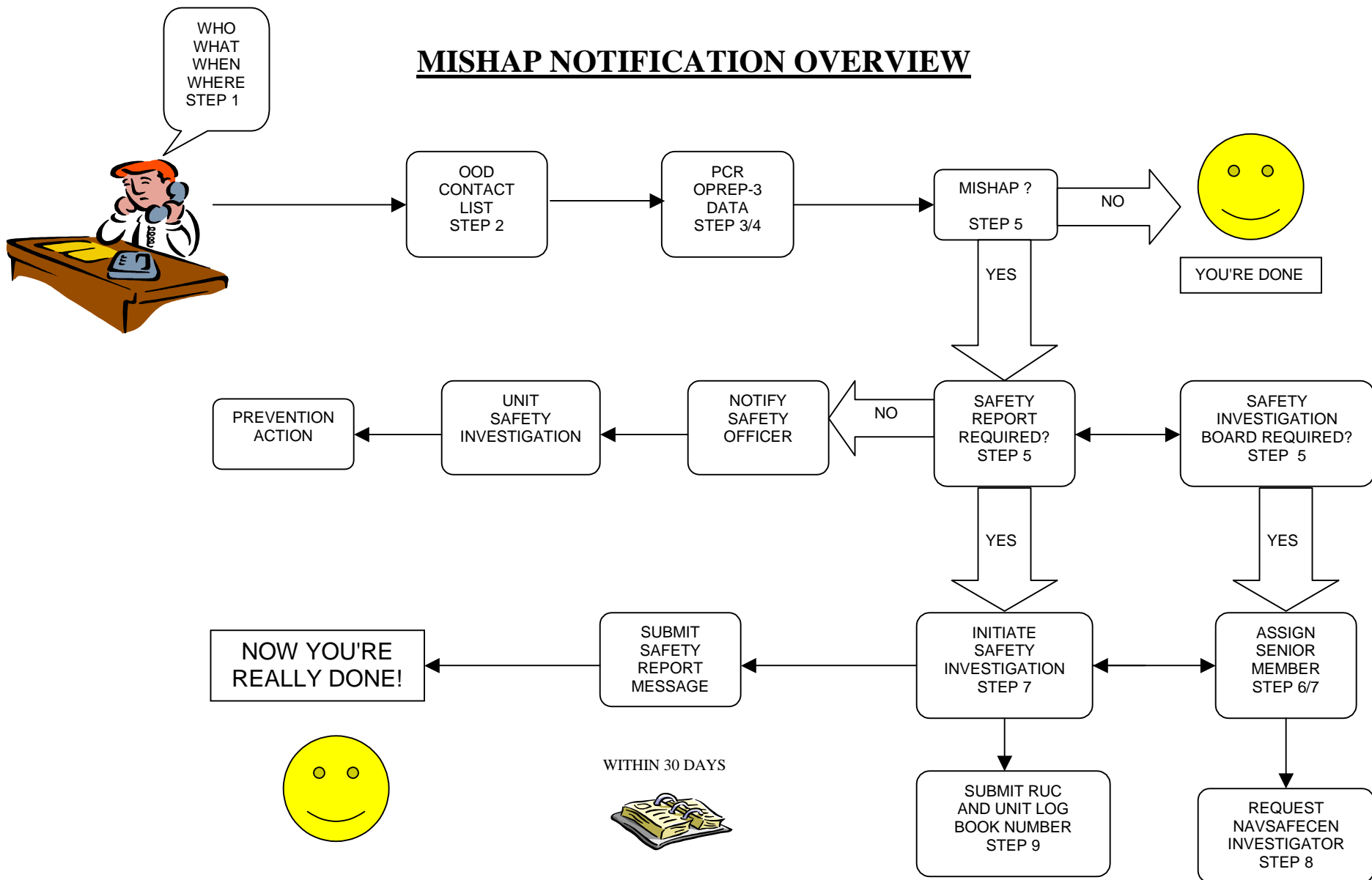
MARINE CORPS ORDERS AND DIRECTIVES CAN BE LOCATED AT THE FOLLOWING MARINE

LINK WEBSITE (<http://www.usmc.mil/directiv.nsf/by+category>).

NAVAL TELECOMMUNICATION PROCEDURE PUBLICATIONS ARE LOCATED ON THE

NCTAMS LANT WEBSITE (<http://www.nctc.navy.mil/pubs/pubs.htm>).

MISHAP NOTIFICATION OVERVIEW



MISHAP CHECKLIST

<u>STEP</u>	<u>ACTION</u>	<u>TIME</u>
1.	NOTIFICATION OF MISHAP	_____
2.	INITIATE COMMAND NOTIFICATION	_____
3.	PCR MESSAGE DATA	_____
4.	OPREP-3 SIR	_____
5.	DETERMINE MISHAP CLASS AND CATEGORY	_____
6.	ACTIVATE SAFETY INVESTIGATION BOARD (if required)	_____
7.	ACTIVATE UNIT INVESTIGATION	_____
8.	NOTIFY NAVAL SAFETY CENTER FOR ALL CLASS A MISHAPS	_____
9.	NOTIFY MARFOR WITH THE RUC, LOCAL LOGBOOK MISHAP NUMBER, CATEGORY, AND CLASSIFICATION TO ESTABLISH THE SAFEREP FILE NUMBER	_____

MISHAP INFORMATION SHEETS

PART I PMV mishap

MISHAP UNIT:

MISSION/EVOLUTION: (Describe in plain language the activity being performed at the time of the mishap.)

PERSONNEL (MILITARY/CIVILIAN) INVOLVED: (For each person, list: name, social security number, duty status, rank/rate, NEC/designator/MOS, service parent organization, civilian DOD/Non-DOD, type injury.)

Personnel injured:

Personnel killed:

Other Personnel involved:

ENVIRONMENT:

Date:

Local time:

Day or night:

Mishap location:

Weather conditions at time of mishap:

Road conditions, if applicable:

POLICE REPORT:

Speed:

Alcohol involved:

Seat belts worn?

PART II non-PMV mishap

MISHAP UNIT:

MISSION/EVOLUTION: (Describe in plain language the activity being performed at the time of the mishap.)

PERSONNEL (MILITARY/CIVILIAN) INVOLVED: (For each person, list: name, social security number, duty status, rank/rate, NEC/designator/MOS, service parent organization, civilian DOD/Non-DOD, type injury.)

Personnel injured:

Personnel killed:

Other Personnel involved:

EQUIPMENT INVOLVED: (Model, make, nomenclature)

ENVIRONMENT:

Date:

Local time:

Day or night:

Mishap location:

Weather conditions at time of mishap:

Road conditions, if applicable:

COMMAND NOTIFICATION SHEET

1. The OOD must notify the first three people listed below. The DNCO should make the remaining calls.

2. If the person to be notified is not at the number listed and cannot be immediately contacted, leave a message to contact the Duty Officer and continue with the recall.

BILLET

WORK

HOME

COMMANDING OFFICER

EXECUTIVE OFFICER

ADMIN OFFICER

SAFETY OFFICER

S-4 OFFICER

MEDICAL OFFICER

IMPORTANT PHONE LISTINGS

AGENCY	NUMBER
Battalion/Squadron Duty Officer	
Battalion/Squadron Safety Office	
FSSG/DIV/MAW Duty Officer	
FSSG/DIV/MAW Safety Office	
Base Duty Officer	
Base Safety Office	
MEF Duty Officer	
MEF Safety Office	
MarFor Command Center	
MarFor Safety Office	
HQMC Command Center	
HQMC Safety Office	
NAVAL SAFETY CENTER (NORFOLK, VA)	
Others as appropriate	

MISHAP REPORTING MATRIX

APPENDIX D

Mishap Type	Mishap Damage	Mishap Class	Reports Required	Report Deadline	Investigation By
1. On or Off Duty On Base OR 2. On Duty OR 3. Arising from a USMC Operation On or Off Base	a. Fatality b. Permanent Total Disability (PTD) c. \$1,000,000 or more	A	SAFEREP Parts A and B	SAFEREP: 30 days	SIB (COMNAVSAFECEN Investigator will assist)
	a. Permanent Partial Disability (PPD) b. \$200,000 - \$999,999 c. Hospitalization of 3 or more personnel d. Coma of more than 24 hours	B	SAFEREP Parts A and B	SAFEREP: 30 Days	SIB (COMNAVSAFECEN Investigator may assist)
	a. Lost Workday resulting from injury or illness b. \$20,000 - \$199,999	C	Record in unit logbook	Logbook: 90 Days	Unit Safety Officer / SNCO/ NCO/Supervisor formally trained in mishap investigation
	a. Injury (No lost workday) b. Property damage \$2000 – \$19,999	D	Record in unit logbook	Logbook: 90 Days	Unit Safety Officer / SNCO/ NCO/Supervisor formally trained in mishap investigation
	Involves explosives or combat chemical agents. (Hazard reports req. for negligent discharge with no injury.)	Per Damage	SAFEREP Parts A and B	SAFEREP: 30 Days	SIB
	Fatality or Injury	A, B	SAFEREP Part A (Para 1-6, 9, 11-13)	SAFEREP: 30 Days	Mishap Investigation Trained Unit Safety Officer / SNCO/ NCO/Supervisor
	Injury	C, D	Record in unit logbook	Logbook: 90 Days	

THE NAVAL SAFETY CENTER WILL PROVIDE A MISHAP INVESTIGATOR FOR ALL CLASS A MISHAPS.

Contact Naval Safety Center, Code 40:

Comm. (757) 444-3520, extension 7145/7147

DSN 564-3520, extension 7145/7147

THE MISHAP UNIT MUST PROVIDE THE MARFOR WITH THEIR RUC, THE LOCAL LOG BOOK MISHAP NUMBER, CATEGORY, AND CLASSIFICATION TO ESTABLISH THE SAFEREP FILE NUMBER.

SECTION II

GROUND SAFETY MISHAP

INVESTIGATION AND

REPORTING

GUIDANCE FOR SAFETY INVESTIGATION BOARDS

Senior member assignment, if required. The first general officer in the chain of command makes this assignment. (example attached)

Subject matter experts depending on the circumstances of the mishap.

(maintenance, motor transport, engineers, weapons, etc.)

Medical officer for the 72 hour history, medical evaluation, and psychological profile.

Naval Safety Center investigator for all on duty Class A and most Class B mishaps.

Any others that would provide relevant insight into the causal factors resulting in the mishap.

SENIOR BOARD MEMBER APPOINTMENT LETTER EXAMPLE

(UNIT LETTER HEAD)

5102

From: Commanding General/Officer (MEF/Wing/Division/FSSG/MEU)

To:

Subj: SAFETY INVESTIGATION BOARD (SIB) APPOINTMENT LETTER

Ref: (a) MCO P5102.1A

- 1. You are hereby appointed as the Senior Member to the (unit) Safety Investigation Board, per the reference.**
- 2. You will adhere to the provisions of the reference that concern the use and protection of information to which you will become privy as a member of the SIB and which defines your responsibilities as a member of this board.**
- 3. Upon receipt of this appointment, your duties as a Senior Member of the SIB, when convened, shall take precedence over all other duties until release of the safety investigation report (SAFEREP).**
- 4. The success of preventing similar serious mishaps is dependent upon thorough investigation and reporting of mishaps to identify and eliminate the potential causes of damage or injury. The objective of the board is to improve safety. Your efforts must include open and candid expressions of your opinions and views.**
- 5. As the Senior Member of the SIB, you have the authority to release Naval Messages directly relating to this appointment. Additionally, you will authorize "Promise of Confidentiality" authority to those members of the SIB who are trained as Mishap Investigators.**
- 6. The Naval Safety Center Mishap Investigator is (provide name, telephone number and email address). You are encouraged to designate the investigator as a voting member of the Safety Investigation Board (SIB).**
- 7. Should any circumstances arise which would preclude the proper performance of your duties as a member of this SIB, notify (name the POC and provide telephone numbers) the authority issuing this appointment.**

//Signature//

MISHAP INVESTIGATION GUIDE

COMNAVSAFECEN ((757) 444-3520 ext 7145) will provide on site investigative assistance for all on duty Class A and selected Class B and C mishaps.

CLASS A MISHAPS: Safety Investigation Board Senior Member shall be appointed by the first general officer in the chain of command. MEU, installation, and SPMAGTF commanders are the appointing authority for their commands. Senior Member will be responsible for identifying board membership. Recommended board membership is Senior Member, Safety Specialist, Competent Medical Authority, Subject Matter Expert, NAVSAFECEN Investigator, and Special Investigative Assistants as required.

MCO P5102.1A can be accessed on the CMC (SD) web site (<http://www.hqmc.usmc.mil/safety.nsf>) under "what's new."

CMC Command Center notification ((703) 695-736, DSN: 225-7366)

The mishap unit must provide the MARFOR with their RUC, the local logbook mishap number, category, and classification to establish the SAFEREP file number.

Safety Investigation information is privileged and should be designated FOUO (Sensitive)

MARFORs will provide SAFEREP file number and endorsement chain.

Investigation Procedures:

The actual procedures used in a particular investigation depend on the nature and results of the accident. The agency having jurisdiction over the location determines the administrative procedures. In general, responsible officials will appoint an individual to be in charge of the investigation. The investigator uses most of the following steps:

1. Define the scope of the investigation.
2. Select the investigators. Assign specific tasks to each (preferably in writing).
3. Present a preliminary briefing to the investigating team, including:
 - a. Description of the accident with dollar estimates of damage.
 - b. Normal operating procedures.
 - c. Maps (local and general).
 - d. Location of the accident site.
 - e. List of witnesses.
 - f. Events that preceded the accident.
4. Visit the accident site to get updated information.

5. Inspect the accident site.
 - a. Secure the area. Do not disturb the scene unless a hazard exists.
 - b. Prepare the necessary sketches and photographs. Label each carefully and keep accurate records.
6. Interview each victim and witness. Also interview those who were present before the accident and those who arrived at the site shortly after the accident. Keep accurate records of each interview. Use a tape recorder if desired.
7. Determine
 - a. What was not normal before the accident?
 - b. Where the abnormality occurred.
 - c. When it was first noted.
 - d. How it occurred.
8. Analyze the data obtained in step 7. Repeat any of the prior steps, if necessary.
9. Determine
 - a. Why the accident occurred.
 - b. A likely sequence of events and probable causes (direct, indirect, or basic).
 - c. Alternative sequences.
10. Check each sequence against the data from step 7.
11. Determine the most likely sequence of events and the most probable causes.
12. Conduct a post-investigation briefing.
13. Prepare a summary report, including the recommended actions to prevent a recurrence. An investigation is not complete until all data are analyzed and a final report is completed. In practice, the investigative work, data analysis, and report preparation proceed simultaneously over much of the time spent on the investigation.
14. Distribute the report according to MCO P5102.1A. MARFORLANT subordinates can mail both the original Part B and a copy via FEDEX to MARFORLANT (DSS). The Ground Safety Manager will retain the MARFORLANT copy review and hand deliver the original to COMNAVSAFECEN.

**Mailing Address:
COMMANDER
US MARINE CORPS FORCES ATLANTIC
ATTN: DSS/GSM
1468 INGRAM STREET
NORFOLK VA 23551-2596**

SAFETY REPORT GUIDE

PREPARATION OF THE SAFEREP: MCO 5102.1A may not be clear to those not thoroughly familiar with it. This document is provided to assist safety personnel, Safety Investigation Boards and units preparing Off-Duty SAFEREPS. Investigation and report questions should be directed to the respective MARFOR. Questions concerning Navy messages system should be directed to your USMC/Navy Message Center. MCO P5102.1A provides instruction on drafting the SAFEREP, but the examples given don't necessarily reflect the instructions in the order. Mishap Marine names should not appear in the message body. The following guide is intended to amplify the MCO P5102.1A guidance:

1. From Line is Unit for PMV and Recreational Off Duty Off Base Mishaps. All other SAFEREPS is UNIT//SIB//
2. To Line is CMC WASHINGTON DC//SD//
3. Info Line is always Chain of Command and COMNAVSAFECEN Norfolk VA//40/47//
4. Reference A is always MCO 5102.1A. Subsequent references should include the PCR, SAFEREP file number/endorsing chain assignment, extension requests, Engineering Investigation (EI) requests, and other pertinent messages relating to the mishap and investigation.
5. POC: NAME/RANK/CODE/COML (telephone number)/DSN/EMAIL ADDRESS.
6. Personnel Information Paragraph: This paragraph is unclear when providing information on non-vehicular mishaps refers to the appropriate SAFEREP template.
7. Safety Investigation Board Paragraph: In some examples provided, the telephone Numbers are given for each member. Only one telephone number should be provided, that of the Senior Member of the Board.
8. Evidence Paragraph: This paragraph is omitted for PMV and Recreational mishaps that are Off Duty/Off Base. For all other mishaps that require a SIB, if a privileged piece of evidence is referenced in the paragraph SUMMARY OF FACTUAL FINDINGS, the factual finding line number is preceded by "(P)". Simply, if evidence from paragraph 10.B. (1). (B). Is referenced in a finding, the finding is privileged. The corresponding line number is preceded by "(P)". After a factual finding is stated, appropriate evidence is referenced to support it. Example: (1A, 1C, 3B). Paragraph 10 lists only facts that are supported by evidence. Analyses and conclusions are assigned in other paragraphs.
9. Analysis Paragraph: For PMV and Recreational mishaps that are Off Duty/Off Base, provide a brief synopsis of the events leading up to the mishap, as they are known. For all other mishaps that require a SIB each subparagraph will begin with a letter, "A.", "B.", "C.", etc. The SIB must state either "PERSONNEL FACTOR." "SUPERVISORY FACTOR." "FACILITIES FACTOR." "MAINTENANCE FACTOR." or "MATERIAL FACTOR." referring to the category of the causal factor the subparagraph addresses. A negative hypothesis is then stated. Example: "OPERATOR FAILED TO PERFORM PREVENTATIVE MAINTENANCE."

The hypothesis is either ACCEPTED or REJECTED. The SIB then clearly articulates factual findings that support or undermine the analysis. If any negative hypothesis is ACCEPTED, the SIB states, "BASED ON THE ABOVE ANALYSIS, THE SIB CONCLUDES" and articulates the rationale behind the decision. If a personnel factor/hypothesis is accepted, the SIB must state "WHO:", "WHAT:", and "WHY:". A detailed causal factor list of "WHO:", "WHAT:", and "WHY:" is found in Appendix I of MCO P5102.1A. If the classification of the analysis is PERSONNEL, then the "WHO:" and "WHAT:" must come from the "PERSONNEL" causal factor list found on pages I-3 and I-4 of Appendix I. The same applies for SUPERVISORY, FACILITIES, and MAINTENANCE classifications. The "WHY:" is not broken down into those classifications and the SIB is free to choose from any "WHY:" on the list, page I-5. The SIB is restricted

to the choices listed in Appendix I. This list is often inadequate. For assistance in cases where there is no appropriate choice, contact appropriate MARFOR Safety Office (MARFORLANT DSS/GSM (757) 445-4315, 444-5302, DSN 565-4315 OR 564-5302.)

If a material factor/hypothesis is accepted, the SIB must state "COMPONENT:", "MODE:", and "AGENT:". Material causal factors do not have a list to choose from and the SIB must develop the most appropriate choice.

9. ***Conclusion Paragraph:*** Causal factors of PMV and Recreational Off Duty/Off Base mishaps are formulated from the unit safety representative's investigation. All other mishaps requiring an SIB formulate the causal factors from the ACCEPTED analyses. The category of causal factor as well as the negative hypothesis from Analysis paragraph are the same information required in this paragraph. Assign a Risk Assessment Code, as outlined in Appendix H of MCO 5102.1A. Note, not all of the codes will be 1s. Risk Assessment Codes are Arabic numerals (1, 2, 3) not Roman numerals (I, II, III).

10. ***Recommendations Paragraph:*** Each recommendation is derived from a causal factor, as found in the Conclusion paragraph. Recommendations are clear, concise ideas on how to mitigate the causal factors in the future. They may be for the unit owning the mishap, a higher unit, an MOS school, MARCORSSYSCOM, MARCORMATCOM, Training & Education Command, or other command which has preview over relevant ITS's, MCWP's, TM's, etc. Any unit/command that is assigned recommendations will be added to the endorsing chain.

SAFEREP ENDORSEMENT GUIDE

PREPARATION OF THE SAFEREP ENDORSEMENT: MCO 5102.1A may not be clear to those not thoroughly familiar with it. This document is provided to assist safety personnel and units preparing SAFEREP endorsements. Report format questions should be directed to the respective MARFOR. Questions concerning Navy messages system should be directed to your USMC/Navy Message Center. MCO P5102.1A provides instruction on drafting the SAFEREP endorsements, like SAFEREPS contain privileged information and require special handling. Mishap Marine names should not appear in the message body. The following guide is intended to amplify the MCO P5102.1A guidance:

1. From Line is Command/Unit providing endorsement
2. To Line is CMC WASHINGTON DC//SD//
3. Info Line is always Chain of Command and COMNAVSAFECEN Norfolk VA//40/47//
4. Reference A is always MCO 5102.1A. Subsequent references should include the PCR, SAFEREP file number/endorsing chain assignment, extension requests, Engineering Investigation (EI) requests, and other pertinent messages relating to the mishap and investigation.
5. NARR/REF A MARINE CORPS GROUND MISHAP INVESTIGATION AND REPORTING MANUAL:
List other references.
6. POC/(Name)/(Rank)/(code)/COML (Telephone number)/E-MAIL ADDRESS//.
7. RMKS/1. THIS REPORT CONCERNS A CLASS (A,B,C,D) ON DUTY MISHAP. ENDORSEMENT REQUESTED PER REF A. SUMMARY (Summarize in three lines or less. Do not use names of individuals involved in the mishap.).
8. CONCLUSIONS.
 - A. CAUSAL FACTORS OF THE MISHAP. List each conclusion as previously stated in the SAFEREP in separate sub-paragraphs. After each re-stated conclusion, enter CONCUR or DO NOT CONCUR. If endorser does not concur, provide justification. Additional causal factors with justification may be added in these sub-paragraphs.
 - B. CAUSAL FACTORS OF THE INJURY AND DAMAGE. (List each as in Paragraph 2.A. above).
9. Recommendations Paragraph: List each recommendation of the previous endorser as stated in separate sub-paragraphs. After each re-stated recommendation, enter CONCUR or DO NOT CONCUR. If the endorser does not concur, provide justification. Additional recommendations may be added in these sub-paragraphs. Commands or agencies previously assigned corrective action by the SAFEREP previous endorser may also be modified or included with justification. Endorser shall provide status of recommendations as ACTION COMPLETE or PROJECTED COMPLETION DATE.
10. COMMANDER'S COMMENTS:

HAZARD REPORT (HR) GUIDE

PREPARATION OF THE SAFEREP: MCO 5102.1A may not be clear to those not thoroughly familiar with it. This document is provided to assist safety personnel, Safety Investigation Boards and units preparing Hazard Reports. Hazard reporting questions should be directed to the respective MARFOR. Submit Hazard Reports via ROUTINE naval message. Questions concerning Navy messages system should be directed to your USMC/Navy Message Center. MCO P5102.1A provides instruction on drafting the Hazard Report. Hazard Reports are intended to be a mechanism to notify chain of command other Marine units using the same equipment and MARSYSCOM of potential problems with ground equipment and weapons systems. The following guide is intended to amplify the MCO P5102.1A guidance:

1. From Line is UNIT//
2. To Line is CMC WASHINGTON DC//SD//
COMARFORLANT//DSS//
COMNAVSAFECEN NORFOLK VA//40//
COMMARCORSYSCOM

3. Info Line is always Chain of Command and other Marine Corps commands using same equipment.

4. Reference A is always MCO 5102.1A. Subsequent references as appropriate.

5. NARR/REF A MARINE CORPS GROUND MISHAP INVESTIGATION AND REPORTING MANUAL:
List other references.

6. POC/(Name)/(Rank)/(code)/COML (Telephone number)/E-MAIL ADDRESS//.

7. RMKS/1. THIS IS A REPORT CONCERNS A GROUND SAFETY HAZARD. ENDORSEMENT REQUESTED PER REF A. OR ENDORSEMENT NOT REQUIRED.
SUMMARY (Summarize hazard in three lines or less.)

8. DATA (Provide pertinent to hazard.)
 - A. EQUIPMENT/MATERIAL.
 - B. OPERATION/EVOLUTION

9. ENVIRONMENT

10. CIRCUMSTANCES
 - A. EVIDENCE AND ANALYSIS
 - B. CONCLUSIONS
 - C. ESTIMATE/INJURY/DAMAGE/REPAIR COSTS

11. CORRECTIVE ACTIONS.

12. REMARKS.

13. CG/COMMANDER'S COMMENTS:

SECTION III

MESSAGE

REPORT

FORMATS

PCR FORMAT EXAMPLE

**FM
TO**

INFO

UNCLAS //N03040//

SUBJ/PCR (DD-3040-02)

**MSGID/GENADMIN//
POC/**

RMKS/1. (rank, Fname MI. Lname ssn/mos/component/sex).

2. NONHOSTILE/(INJURY, VSI, or DECEASED).

3. (Extent of injuries).

4. (Time/date of mishap location of mishap).

5. (Description of mishap/circumstances)

OPREP-3 SIR FORMAT EXAMPLE

FM

TO

INFO

UNCLAS //N05740//

SUBJ/SERIOUS INCIDENT REPORT (SIR)//

MSGID/GENADMIN//

REF/

RMKS/1. (narrative of the circumstances).

2. POC: (last name, initials, grade, unit, position/billet, telephone numbers).

3. PERSONNEL INVOLVED

4. INVESTIGATION (if any).

5. LOCAL NEWS MEDIA INTEREST (if any).

6. LOCAL AUTHORITIES NOTIFIED (if required).

7. NOK NOTIFICATION (status/progress).

SAFETY REPORT (SAFEREP) PART A FORMAT EXAMPLE

ROUTINE

FM UNIT//SAFETY//

TO CMC WASHINGTON DC/SD//

COMMARFORLANT//DSS//

COMNAVSAFECEN NORFOLK VA//40/47//

INFO (ALL ENDORSERS)

UNCLAS FOUO //N05102//

SUBJ/THIS IS A LIMITED DISTRIBUTION GROUND MISHAP SAFETY INVESTIGATION REPORT (SAFEREP) (PART A), MISHAP CONTROL NUMBER (e.g., (L01162A-011-02) L, RUC, letter of mishap classification designation, unit file number, assigned by COMMARFORLANT) THAT OCCURRED ON DD MM YY

////////////////////////////////////

THIS IS A PRIVILEGED SAFETY INVESTIGATION REPORT. UNAUTHORIZED DISCLOSURE OF THE INFORMATION IN THIS REPORT IS A CRIMINAL OFFENSE UNDER ARTICLE 92 OF THE UCMJ. SEE MCO 5102.1A PARA 4007.1 FOR DETAILS.

////////////////////////////////////

REF/A/DOC/MCO P5102.1A

REF/B/(as appropriate)

NARR/REF A IS MARINE CORPS GROUND MISHAP INVESTIGATION AND REPORTING. REF B IS (etc.)

POC/(NAME)/(RANK)/(CODE)/COML (TELEPHONE NUMBER)/DSN /EMAIL ADDRESS//

RMKS/1. THIS REPORT CONCERNS A CLASS (A,B,C,D) (ON OR OFF) DUTY

MISHAP. ENDORSEMENT REQUESTED PER REF A. SUMMARY (Summarize in three lines or less. Do not use names of individuals involved in the mishap.)

2. MISHAP DATA.

A. MISHAP UNIT MCC/RUC.

B. PARENT COMMAND. (First General Officer in the chain of command: MEF, MAGTF, FSSG, DIV, MAW, Base, or equivalent parent activity of the organization or unit having the mishap.)

C. EQUIPMENT (List items (a) through (e) for each as it applies, if it does not, describe the item; e.g., 120 feet of 6 foot chain link fence).

(1) DOD EQUIPMENT. (List each piece of equipment or property involved in the mishap).

(A) Model and series

(B) NSN

(C) Serial number

(D) RUC and UIC of owning unit

(E) RUC and UIC of using unit if different

(2) PERSONAL EQUIPMENT. (List each piece of personal equipment or property involved in the mishap; e.g., PMVs, boats, bikes, ATVs, power tools):

(A) Item

(B) Year/make

(C) Model

(D) Length for boats/canoes

(E) Engine size (where applicable)_

(3) PERSONAL PROTECTIVE EQUIPMENT (List any protective equipment that was required, whether or not it was used, and whether or not it was effective.).

D. ENVIRONMENT.

(1) DATE

(2) LOCAL TIME

(3) LOCAL TIME ZONE

(4) DAY OR NIGHT

(5) LOCATION: ON or OFF BASE (Select one). Describe location geographically. Use geographic area, body of water, nearest city, town, or a significant landmark; e.g., 111 Old Town Street, San Diego, CA, Deep Creek Lake, MD, or Naples Harbor, Italy. If the location is aboard an installation, list the name of the installation, not the range or training area.

(A) **GRID/TRAFFIC INTERSECTION/RANGE /TRAINING AREA.** Use the most applicable method(s) for site location.

(B) **STATE/PROVINCE/PREFECTURE/POLITICAL SUBDIVISION/ COUNTRY.**

(C) **FACILITY.** (Buildings, residences, athletic fields, picnic areas, etc.) Where the facility is a structure, identify number and purpose and specific room if applicable, e.g., Structure: Building NO. 5718 - Pump house/Headquarters building/Fire Station etc., locker room. Indicate if owned or operated by MCCS. If facility is a ship, include name and location within ship, e.g., USS Harper's Ferry, crew's weight room.

(D) **MISHAP SITE ELEVATION.** Altitude above mean sea level in feet, or depth of water if submerged.

(6) **WEATHER** (List the following items that apply)

(A) **WIND** (Direction, speed in kts.)

(B) **VISIBILITY**

(C) **AIR TEMP** (Fahrenheit)

(D) **WATER TEMP** (Fahrenheit)

(E) **PRECIPITATION** (Type at time of incident)

(F) **CUMULATIVE PRECIPITATION** (Totals for previous 24 hours)

(G) **ROAD/FIELD/PLAYING SURFACE CONDITIONS**

(H) **SEA STATE**

E. SAFETY PROGRAM

(1) **RANK OF UNIT SAFETY OFFICER**

(2) **DATE UNIT SAFETY OFFICER ATTENDED GROUND SAFETY COURSE:**

(Provide YYMMDD)

(3) **DATE OF LAST COMMAND OR MCCS FACILITY SAFETY INSPECTION**

(Provide YYMMDD as well as name of unit that performed Inspection and whether follow up actions are documented).

3. CIRCUMSTANCES

A. ORIGIN. Provide geographic location of the activity starting point, e.g.: 7th Mar Motor Pool; T/A Papa-I, line of departure at grid 123456; residence at 100 Puller Ave, Bigtown, USA. Etc.

B. MISSION. State the purpose of the activity in plain language. Administrative convoy operations, conducting single envelopment attack, driving to get groceries, playing hockey, etc.

C. DESTINATION. Provide geographic location of the activity terminating point.

D. MISHAP EVOLUTION. GENERAL ACTIVITY. State the type of exercise, operation, or activity at the time of the mishap. **SPECIFIC ACTIVITY.** Describe the activity in which the vehicle/personnel/equipment was involved in plain language.

4. MISHAP CLASSIFICATION. Describe the reason on which the classification is based (damage cost, injury, fatality).

5. DAMAGE AND COSTS. Itemize the equipment and property damage as follows:

A. DOD PROPERTY DAMAGE. For major end item, if equipment was destroyed, so state. If not describe damage and list repair costs including labor and parts costs. Multiple like serialized items (such as M16s, compasses, etc.) may be captured as one total cost. Non-serialized items such as 782 equipment will be captured as one cost.

B. NON-DOD PROPERTY DAMAGE. Describe all non-DOD property damage and itemize costs.

6. PERSONNEL INFORMATION, INJURIES, AND MEDICAL COSTS. Provide all information below whether or not injuries are involved.

A. PERSONNEL ON BOARD. Total number of passengers, crew, and operators.

B. CREW/OPERATOR/DRIVER. State numbers of driver(s), assistant driver(s), or crew member(s) on board each mishap vehicle.

(1) **DUTY/ACTIVITY AT THE TIME OF THE MISHAP**

(2) **RANK/RATE**

(3) **MOS/SERVICE**

(4) **AGE**

(5) **PARENT ORGANIZATION**

(6) **TIME IN BILLET**

(7) **QUALIFICATIONS/PREVIOUS EXPERIENCE (BOTH ON/OFF DUTY DEPENDING ON ACTIVITY; YRS DIVING/DRIVING/DIRT BIKING)**

(8) **ALCOHOL INVOLVEMENT: NO. BAC NOT ADMINSTRATED. YES. BAC (LEVEL).**

(9) **INJURY** (Describe most significant injuries)

- (A) LOST DAYS: HOSPITALIZED: SIQ: CONLV: LIMITED DUTY:
(B) (Repeat for each injured crew/operator/driver)
- C. TOTAL NUMBER OF PASSENGERS. (Do not include crew)
- (1) INJURED PASSENGERS. Provide the total number of injured passengers and list for each injured passenger the following:
(A) LOCATION AND DUTY AT THE TIME OF THE MISHAP
(B) RANK/RATE
(C) MOS/SERVICE
(D) AGE
(E) PARENT ORGANIZATION
(F) INJURY (Describe most significant injuries)
(G) LOST DAYS: HOSPITALIZED: SIQ: CONLV: LIMITED DUTY:
- (2) UNINJURED PASSENGERS. Enter the total number of uninjured passengers for each vehicle.
- D. INJURED NON-OCCUPANTS. Provide the total number of injured non-occupants and list for each injured non-occupant the following:
(A) LOCATION AND DUTY AT THE TIME OF THE MISHAP
(B) RANK/RATE
(C) MOS/SERVICE
(D) AGE
(E) PARENT ORGANIZATION
(F) INJURY (Describe most significant injuries)
(G) LOST DAYS: HOSPITALIZED: SIQ: CONLV: LIMITED DUTY:
- E. MEDICAL OFFICER ANALYSIS. Include 72-hour profile if critical role in mishap.
7. MISHAP INVESTIGATION. (Include the following if applicable:
- Requests for assistance. State the nature of assistance needed when and where it is needed, and the source of the assistance if known.
- Requests for relief from investigative and reporting and provide justification in detail.
- Request for extensions. Provide justification in detail).
8. JAG MANUAL INVESTIGATION. Always include the phrase: THIS (DOES/DOES NOT) MEET THE REQUIREMENTS FOR A JAG MANUAL INVESTIGATION IAW WITH JAGINST 5800.7. If appropriate, include the following phrase: INVESTIGATION INITIATED (DATE) BY (CONVENING AUTHORITY).
9. SAFETY INVESTIGATION BOARD. List the rank, name and command of all SIB members beginning with senior member. List the Phone and fax numbers for the senior member or member designated as the point of contact to answer telephone inquiries in the POC message line.
10. EVIDENCE
- A. ENCLOSURES HAVE BEEN MAILED PER REF A. Mail completed SAFEREP with the original enclosures to COMNVSAFECEN (CODE 47) and the only copy of enclosures to COMMARFORLANT/PAC/RES or CMC/SD (for those commands not within a COMMARFOR) for all Class A, B, and reportable C and D mishaps.
- B. SUMMARY OF EVIDENCE.
- (1) THE FOLLOWING ACRONYMS, ABBREVIATIONS AND DEFINITIONS ARE USED IN THIS SAFEREP:
(A) First acronym, abbreviation or definition.
(B) List remaining acronyms, abbreviations and definitions.
- (2) EVIDENCE
(A) NON PRIVILEGED
(1A)
(2A)
(3A) ETC
(B) PRIVILEGED
(1B)
(2B)
(3B) ETC. List the enclosures to the SAFEREP in subparagraph "A" indicating those that are Non-privileged beginning with "(1A)" and those that are privileged with "(1B)" as shown. Enclosure (1A) shall be

critical to understanding the mishap. List all enclosures in paragraph 10. Recommend a chronological sequence as it enhances clarity. Compile this listing of factual evidence without regard to the source. It must include all the evidence, which forms the basis for the analysis in paragraph 11 and ultimately, the recommended corrective action in paragraph 12.

(C) SUMMARY OF EVIDENCE.

(1) Denotes non privileged info from Enclosure 13A (13A).

(P)(2) Denotes privileged info from Enclosures 4B and 7B (4B,7B).

(P)(3) Denotes privileged info from Enclosures 7A and 5B (7A,5B). List the detailed sequence of events leading up to and through the mishap. Many of the items will contain privileged information. Since privileged information obtained by the SIB from witness statements (oral or written), or speculations about the evidence made by the SIB, may not be released, you must identify all such privileged evidence with the letter "P" in parenthesis at the beginning of each privileged fact listed.

Do not use the symbol (P) when citing information taken from unprivileged witness statements. Discuss data of a personal nature only in general terms in this paragraph. Refer to enclosures and information in enclosures by identifying them as: (2A), (3B), etc. Keep this information detailed, but concise.

A lengthy SAFEREP is neither desired nor warranted. Do not include conclusions or recommendations in this paragraph.

11. ANALYSIS. THE FOLLOWING DISCUSSION AND FINDINGS ARE BASED ON ANALYSIS OF INFORMATION OBTAINED FROM ALL SOURCES. THEY REPRESENT THE OPINIONS OF THE SIB MEMBERS AND ARE INTENDED TO PREVENT FUTURE MISHAPS.

A. (Insert Appropriate Term: PERSONNEL, SUPERVISORY, FACILITIES PERSONNEL, MAINTENANCE, or MATERIAL) FACTOR - (describe factor in terse sentence or phrase) ACCEPTED or REJECTED. Provide the SIB analysis of the causal factor. Causal factors are specific acts of omission or commission. Thus, the hazard statement must contain a Who, What or Component and Mode combination. ACCEPTED or REJECTED. Select appropriate term, based on SIB opinion of whether statement is true). SIB analysis of the causal factor follows. The analysis must specifically state how the causal factor caused the mishap and must clearly detail all the Why(s) or Agent(s) that gave rise to a particular causal factor. These Why(s) or Agent(s) may also be developed into separate causal factors if need be. If the causal factor is accepted, include the following phrase:

BASED ON THE ABOVE ANALYSIS, THE SIB CONCLUDES (make concise restatements of the accepted causal factor stating who did what and why, or what part failed, how it failed and why. There can be multiple why(s) and agent(s). For each accepted causal factor, add causal factor elements (Who/What/Why or Component/Mode/Agent). See Appendix I. Causal factors shall contain the SIBs analysis of only that evidence discussed in paragraph 10, Figure 6-2. Subsequent factors may be determined by the SIB from the evidence. Include these in a separate subparagraph of 11. To enhance readability, begin each element on a new line and indent it. Those causal factors that are accepted in paragraph 11 must also appear in the paragraph 12 narrative, and in the appropriate causal factors of the mishap or causal factors causing damage or injury subparagraph. Exercise care to keep emotions out of this and all other sections of the SAFEREP.

12. CONCLUSIONS. CONCLUSIONS ARE BASED ON ANALYSIS OF INFORMATION OBTAINED FROM ALL SOURCES AND REPRESENT THE MOST PROBABLE FACTORS AND CIRCUMSTANCES THAT CONTRIBUTED TO THIS MISHAP.

A. CAUSAL FACTORS OF THE MISHAP.

(1) (Select one or more of the following determination statements according to the degree to which the causal factors are determined:

THE CAUSAL FACTOR (S) OF THIS MISHAP IS (ARE):

THE MOST PROBABLE CAUSAL FACTOR (S) OF THIS MISHAP IS (ARE):

THE CAUSAL FACTOR (S) IF THIS MISHAP IS (ARE) UNDETERMINED WITH THE FOLLOWING POSSIBLE CAUSAL FACTOR (S):

THE CAUSAL FACTOR (S) OF THIS MISHAP IS (ARE) UNDETERMINED. THE CAUSAL FACTOR OF THIS MISHAP IS DETERMINED TO BE:

NO FAULT ASSIGNED. THE FOLLOWING MATERIAL FACTOR (S) IS (ARE) ASSIGNED: (Then list each accepted causal factor in the analysis.)

(A) (Insert appropriate term) FACTOR - (Repeat the description of this factor from paragraph 11 analysis.) RAC X (Insert the appropriate Risk Assessment Code 1,2,3, or 4.) (This hypothetical example shows the conclusions that should relate to the factors as described in paragraph 11 above.)

(B) PERSONNEL FACTOR - OPERATOR FAILED TO PERFORM PM BECAUSE HE WAS IN A HURRY. RAC 3.

(C) (Subsequent conclusions as determined by the SIB.)

B. CAUSAL FACTORS OF DAMAGE OR INJURY. (Include this section if there is "other damage or injury." Begin with appropriate determination statement substituting "OTHER DAMAGE OR INJURY" for "THIS MISHAP." If no "other damage or injury" then state "NONE.")

(1) Include causal factors relating to "other damage or injury" in this paragraph in same format as mishap causal factor.

(2) (Others as required). Separate the SIBs conclusions into two groups: causal factors "CAUSING THE MISHAP," and causal factors causing "OTHER DAMAGE or INJURY" as shown. The plain language conclusions of the SIB are the causal factors and appear in the subparagraphs of each section. Preceding them is the determination statement, selected according to the degree of mishap determination from among the five choices listed. Following each causal factor is the RAC as determined by the SIB. Begin the description of each causal factor with the identification of the classification of the type of factor, such as PERSONNEL, followed by a short sentence or phrase describing who did what and why in plain language - ending with the RAC. To repeat the analysis paragraph for the factor up to where the factor is accepted, followed by the RAC is both sufficient and appropriate. All factors that are accepted in the analysis section must appear in the conclusions section. Do not report hazards in the SAFEREP that are not accepted as factors. Send a separate HR in such cases.

13. RECOMMENDATIONS. The format for the Recommendations paragraph is similar to the Conclusions paragraph and separated into the same groups identified in paragraph 12. Do not include recommendations, which do not eliminate hazards identified in paragraph 12 in the SAFEREP. However, all causal factors (hazards) identified in paragraph 12 must have recommendation for remedial action in paragraph 13. THE SIB should test their corrective actions as they develop each to be sure the Why of each Causal Factor is addressed. State the command, with appropriate office code, that will be required to take the recommendation for action. If, through the course of the investigation the recommendation was apparent and the assigned unit has completed the action, so state; or if the recommended action was apparent and is underway but not complete, state an estimated completion date. Recommendations must be direct. Each causal factor must be addressed by recommendation(s). Elimination of causal factors through the completion of the recommended corrective action will prevent recurrence of the same type or similar mishap(s).

(6) WEATHER.

(A) WIND: N/A.

(B) VISIBILITY: CLEAR BUT LIMITED DUE TO DARKNESS, STREET LIGHTS ON.

(C) AIR TEMP: N/A.

(D) WATER TEMP: N/A.

(E) PRECIPITATION: NONE.

(F) ROAD/FIELD/PLAYING SURFACE CONDITION: DOUBLE LANE ROAD IN BOTH DIRECTIONS DIVIDED BY DOUBLE YELLOW LINE, PAVED BLACKTOP AND DRY.

E. SAFETY PROGRAM.

(1) RANK OF SAFETY MANGER/OFFICER: CAPT.

(2) DATE UNIT SAFETY OFFICER ATTENDED GROUND SAFETY COURSE: 010107 - 010118.

(3) DATE OF LAST COMMAND SAFETY INSPECTION: 001115. SAFETY INSPECTION PERFORMED BY (UNIT). NO FOLLOW UP ACTION REQUIRED.

3. CIRCUMSTANCES.

A. ORIGIN. MARINES LEFT A LOCAL DINING FACILITY AND WERE HEADING NORTH ON CRELING AVE.

B. MISSION. MARINES WHERE TRAVELING BACK TO THE HOR OF THE DRIVER.

C. DESTINATION: 100 PULLER AVE BIGTOWN, USA XXXXX.

D. MISHAP EVOLUTION. GENERAL ACTIVITY. ENROUTE TO DRIVER'S HOR. SPECIFIC ACTIVITY. PASSENGER IN PMV.

4. MISHAP CLASSIFICATION. CLASS A.

5. DAMAGE AND COSTS.

A. DOD PROPERTY DAMAGE. N/A

B. NON-DOD PROPERTY DAMAGE. 2000 FORD FOCUS - \$10,500 (TOTAL BURN OUT).

6. PERSONNEL INFORMATION, INJURIES, AND MEDICAL COSTS.

A. PERSONNEL ON BOARD. (PROVIDE NUMBER) TWO.

B. DRIVER.

(1) LOCATION: DRIVER: LEFT FRONT.

(2) RANK: PFC/E2.

(3) MOS: 3531.

(4) AGE: 19

(5) UNIT: MCC XXX RUC XXXXX.

(6) EXPERIENCE OR QUALIFICATION: EARLIEST DATE RECEIVED LICENSE IS UNKNOWN. CURRENT PMV LICENSE ISSUED MARCH 2000.

(7) ALCOHOL USE: NO. BAC NOT ADMINISTRATED. YES BAC .089.

(8) EXTENT OF INJURIES: MULTIPLE TRAUMA.

(9) DAYS HOSPITALIZED AND COSTS: HOSPITALIZED SINCE ACCIDENT 39 AT TIME OF SUBMITTAL \$18,174 RECEIVED EXTENSIVE SURGERY ESTIMATED AT \$50,000. EXPECTED TO BE IN THE HOSPITAL FOR AT LEAST TWO MORE MONTHS \$27,960. GRAND TOTAL \$96,134.

(10) DAYS CONVALESCENT LEAVE/SIQ AND COSTS: ESTIMATED 30 DAYS CONV LV UPON RELEASE FROM THE HOSPITAL \$11,250.

(11) DAYS LIGHT DUTY AND COSTS: ESTIMATED LIGHT DUTY FOR A PERIOD OF AT LEAST SIX MONTHS FOLLOWING CONV LV \$67,500.

(12) TOTAL LOST DAYS: HOSPITALIZED SINCE THE ACCIDENT, WHICH AT TIME OF THIS SUBMITTAL IS 38 DAYS. TOTAL PROJECTED TIME LOST IS 128 DAYS.

(13) TOTAL INJURY COSTS: ESTIMATED TOTAL IS \$174,884.

C. TOTAL NUMBER OF PASSENGERS. ONE.

INJURED PASSENGERS. N/A.

(1) POSITION: PASSENGER: RIGHT FRONT.

(2) RANK: PFC/E2.

(3) MOS: 3531.

(4) AGE: 20

(5) UNIT: MCC XXX RUC XXXXX.

(6) EXPERIENCE OR QUALIFICATION: UNKNOWN.

(7) EXTENT OF INJURIES: FATAL, BLUNT FORCE TRAUMA, BURNED IN FIRE.

(8) DAYS HOSPITALIZED AND COSTS: N/A.

(9) DAYS CONVALESCENT LEAVE/SIQ AND COSTS: N/A.

(10) DAYS LIGHT DUTY AND COSTS: N/A.
(11) TOTAL DAYS LOST: N/A.
(12) TOTAL INJURY COSTS: \$125,000.

D. INJURED NON-OCCUPANTS. N/A

E. TOTAL MISHAP INJURY/FATALITY COSTS. ESTIMATED AT \$299,884.

7. MISHAP INVESTIGATION. ASSISTANCE WAS PROVIDED BY (STATE) STATE POLICE DETECTIVE SMITH (XXX) XXX-XXXX, AND MARINE COUNTY ASSISTANT PROSECUTOR MR LAWYER (XXX) XXX-XXXX IN OBTAINING LOCAL LAW ENFORCEMENT REPORTS.

8. JAG MANUAL INVESTIGATION. THIS DOES MEET THE REQUIREMENTS FOR A JAG MANUAL INVESTIGATION IAW JAGINST 5800.7. JAG MAN INVESTIGATION INITIATED 010104, BY X MEF.

9. ANALYSIS. (FOR PMV AND OFF DUTY RECREATIONAL MISHAPS, PROVIDE A BRIEF SYNOPSIS OF THE EVENTS LEADING UP TO THE MISHAP, AS THEY ARE KNOWN. SUBSEQUENT PARAGRAPHS ARE ELIMINATED). DRIVER AND PASSENGER WERE SECURED ON OR ABOUT 1000 ON 001228 FOR THE NEW YEAR 96. SOMETIME THERE AFTER THEY TRAVELED TO SMALLTOWN, USA. AT ABOUT 0430, 001231, MARINES DEPARTED IRVING, NJ TO PURCHASE FOOD AT A LOCAL DINING FACILITY. AROUND 0555, 001231, ENROUTE BACK TO THE DRIVER'S HOR IN IRVING, NJ, THE CAR IMPACTED A RAILROAD BRIDGE CROSSING CEMENT PILLAR SUPPORT. TWO CITIZENS PULLED THE DRIVER OUT OF THE FIRE ENGULFED CAR. THE TWO CITIZENS WERE UNABLE TO REMOVE THE PASSENGER FROM THE VEHICLE DUE TO THE CAR FIRE. THE PASSENGER WAS PRONOUNCED DEAD AT THE SCENE. THE DRIVER SURVIVED WITH INJURIES AS INDICATED ABOVE.

10. CONCLUSION. RAC CODES ARE OMITTED FOR PMV AND RECREATIONAL MISHAPS THAT ARE OFF DUTY AND OFF BASE.

A. CAUSAL FACTOR (S) OF THIS MISHAP ARE:

(1) PERSONNEL FACTORS.

(A) LACK OF SLEEP: FOLLOWING A SAFETY BRIEF, BOTH MARINES WERE SECURED FOR THE NEW YEAR 96 LIBERTY PERIOD ON OR ABOUT 1000 001228, AND ARE PRESUMED TO HAVE BEEN ON THE ROAD SINCE THAT TIME. REVEILLE IS SOUNDED AT THE BARRACKS AT 0530. REPORTS INDICATE THAT THE DRIVER MAY HAVE FALLEN ASLEEP BEHIND THE WHEEL.

(B) SPEED: REPORTS INDICATE THAT THE CAR WAS TRAVELING AT A HIGH RATE OF SPEED. SMALLTOWN POLICE DEPARTMENT CONTINUES TO EXAMINE THE WRECKAGE TO ESTIMATE HOW FAST THE VEHICLE WAS ACTUALLY TRAVELING. POSTED SPEED LIMIT IS 25 MPH.

(C) ALCOHOL: ASSISTANT PROSECUTOR NOSEX COUNTY STATED THAT THE DRIVER'S BAC WAS .089 AND THAT THEY ARE STILL AWAITING AUTOPSY RESULTS TO DETERMINE THE BAC FOR THE PASSENGER. THE LEGAL LIMIT IN USA IS 0.1. MARINE COUNTY PROSECUTORS OFFICE WILL DETERMINE IF THEY WILL PRESENT THIS CASE TO GRAND JURY.

B. CAUSAL FACTORS OF DAMAGE OR INJURY.

(1) SAFETY DEVICE (S): THE POLICE REPORT INDICATES THAT THE DRIVER DID NOT USE HIS PRIMARY RESTRAINT DEVICE, WHILE THE POLICE REPORT INDICATES THAT THE PASSENGER DID USE HIS PRIMARY RESTRAINT DEVICE, AND THAT THE PASSENGER SIDE AIR BAG WAS DEPLOYED AS DESIGNED. THE MARINE COUNTY PROSECUTORS OFFICE IS CONDUCTING TESTS TO DETERMINE IF THIS IS SO, AS THE AUTOPSY HAS DETERMINED THAT THE PASSENGER DIED AT THE POINT OF IMPACT AS A RESULT OF BLUNT FORCE TRAUMA, WHICH IS AN INDICATION OF NO SEAT BELT USE.

11. RECOMMENDATIONS FOR BN CO:

A. CONTINUE TO STRESS THE USE OF SEATBELTS AND THE IMPORTANCE OF ORM DURING ALL VEHICULAR TRAVEL, BOTH ON AND OFF DUTY. POST HOLIDAY SAFETY STANDDOWN HELD DDMMYY. ACTION COMPLETE.

B. STRESS THE IMPORTANCE OF GETTING ENOUGH SLEEP PRIOR TO GOING ON AN EXTENDED LEAVE OR LIBERTY PERIOD. POST HOLIDAY SAFETY STANDDOWN CONDUCTED DDMMYY. ACTION COMPLETE.

C. STRESS THE IMPORTANCE OF FOLLOWING ALL TRAFFIC REGULATIONS, IN PARTICULAR THOSE RELATED TO SPEED AND DRINKING AND DRIVING TO INCLUDE DRIVING WHILE FATIGUED. USE THIS AS AN EXAMPLE FOR THE NEXT BATTALION SAFETY STAND DOWN. POST HOLIDAY SAFETY STANDOWN CONDUCTED DDMMYY. ACTION COMPLETE.//

OFF-DUTY RECREATIONAL SAFEREP FORMAT EXAMPLE

ROUTINE

FM UNIT//SAFETY//

TO CMC WASHINGTON DC//SD//

COMMARFORLANT//DSS//

COMNAVSAFECEN NORFOLK VA//40/47//

INFO (ALL ENDORSERS)

UNCLAS FOUO //N05102//

SUBJ/THIS IS A LIMITED DISTRIBUTION GROUND MISHAP SAFETY
INVESTIGATION REPORT (SAFEREP) (PART A), SAFEREP LOG NUMBER
LXXXXXXXX-XXX OCCURRED ON DD MM YY.

////////////////////////////////////

THIS IS A PRIVELEGED SAFETY INVESTIGATION REPORT. UNAUTHORIZED DISCLOSURE OF
THE INFORMATION IN THIS REPORT IS A CRIMINAL OFFENSE UNDER ARTICLE 92 OF THE
UCMJ. SEE MCO 5102.1A PARA 4007.1 FOR DETAILS.

////////////////////////////////////

REF/A/DOC/MCO P5102.1A

REF/B/MSG/XXXXXXXXZJUL01

REF/C/MSG/XXXXXXXXZJUL01

NARR/REF A IS MCO FOR MARINE CORPS GROUND MISHAP INVESTIGATION AND REPORTING.
REF B IS ORIGINAL PCR MSG FM (UNIT). REF C IS MARFORLANT ASSIGNMENT OF SAFEREP
LOG NUMBER.

POC/(NAME)/(RANK)/(CODE)/COML (TELEPHONE NUMBER)/DSN /EMAIL ADDRESS//

RMKS/1. THIS REPORT CONCERNS A CLASS B OFF DUTY/OFF BASE MISHAP. ENDORSEMENT
NOT REQUIRED. SUMMARY. MARINE LOST SIGHT IN ONE EYE WHEN A BALLOON FILLED
WITH ACETYLENE GAS EXPLODED IN HIS FACE.

2. MISHAP DATA.

A. MISHAP UNIT MCC XXX /RUC XXXXX.

B. PARENT COMMAND. (PARENT COMMAND IS THE FIRST GENERAL OFFICER IN THE CHAIN
OF COMMAND I.E. MEF MAGTF, FSSG, MARDIV, MAW, MCB, ETC.)

C. EQUIPMENT.

(1) DOD EQUIPMENT. N/A

(2) PERSONAL EQUIPMENT. N/A.

(3) PERSONAL PROTECTIVE EQUIPMENT. NONE.

D. ENVIRONMENT.

(1) DATE: 11 JULY 2001.

(2) LOCAL TIME: 1830.

(3) LOCAL TIME ZONE: PACIFIC.

(4) DAY OR NIGHT: NIGHT.

(5) LOCATION: OFF BASE. MISHAP OCCURRED AT 13 MAIN STREET.

(A) CITY, STATE, COUNTRY: SMALLTOWN, USA.

(B) FACILITY: N/A.

(6) WEATHER.

(A) WIND: N/A.

(B) VISIBILITY: CLEAR.

(C) AIR TEMP: 75 DEGREES.

(D) PRECIPITATION: NONE.

(E) ROAD/FIELD/PLAYING SURFACE CONDITIONS: N/A.

E. SAFETY PROGRAM.

(1) RANK OF UNIT SAFETY OFFICER. CAPT.

(2) DATE UNIT SAFETY OFFICER ATTENDED GROUND SAFETY COURSE: DDMMYY

(3) DATE OF LAST COMMAND SAFETY INSPECTION: DDMMYY.

INSPECTION PERFORMED BY (UNIT). NO FOLLOW UP ACTION REQUIRED.

3. CIRCUMSTANCES

A. MISHAP EVOLUTION.

(1) GENERAL ACTIVITY. SNM WAS ON LEAVE AT FIANCE'S PARENT'S HOUSE IN SMALLTOWN, USA ON DDMMYY FROM 1300 UNTIL TIME OF MISHAP, HE WAS ASSISTING HIS FATHER AND UNCLE IN CLEANING UP THE FATHER'S PROPERTY.

(2) SPECIFIC ACTIVITY. SNM ALONG WITH HIS FIANCE'S UNCLE, WERE CREATING A HOMEMADE BOMB WITH ACETYLENE GAS FILLED BALLOONS TO BLOW UP AN OLD CAMPER ON THE PROPERTY.

4. MISHAP CLASSIFICATION. CLASS B, POSSIBLE PERMANENT LOSS OF VISION IN RIGHT EYE.

5. DAMAGE AND COSTS.

A. DOD PROPERTY DAMAGE. NA

B. NON-DOD PROPERTY DAMAGE. NA

6. PERSONNEL INFORMATION, INJURIES, AND MEDICAL COSTS.

A. INJURED PERSONNEL. ONE.

(1) DUTY AT TIME OF MISHAP: OFF DUTY

(2) RANK/MOS. LCPL/E3

(3) MOS/SERVICE. 0341/USMC

(4) AGE. 20

(5) PARENT ORGANIZATION. XXXXXX

(6) TIME IN BILLET. 8 MONTHS

(7) ALCOHOL USE: NO. BAC NOT ADMINISTERED.

(8) EXTENT OF INJURY: SNM HAS POSSIBLE LOSS OF SIGHT IN RIGHT EYE, LACERATION ABOVE AND BELOW RIGHT EYE, AND 2ND DEGREE BURNS TO THE LEFT FOREARM AND RIGHT PALM OF HAND.

(9) LOST DAYS. HOSP: 16 NO DUTY: 60 CONLV: 40 TOTAL COSTS \$138,956.

7. MISHAP INVESTIGATION. NO OTHER INVESTIGATION CONDUCTED.

8. JAG MANUAL INVESTIGATION. THIS DOES MEET THE REQUIREMENT FOR A JAG MANUAL INVESTIGATION IAW WITH JAGINST 5800.7 INVESTIGATION INITIATED ON 010720, BY UNIT COMMANDING OFFICER.

9. ANALYSIS. (FOR OFF DUTY PMV AND RECREATIONAL MISHAPS, PROVIDE A BRIEF SYNOPSIS OF THE EVENTS LEADING UP TO THE MISHAP AS THEY ARE KNOWN. SUBSEQUENT PARAGRAPHS ARE ELIMINATED). MARINE WAS ON LEAVE, 11 JULY 2001. HE WAS STAYING AT HIS PARENTS HOUSE AT 13 MAIN STREET SMALLTOWN, USA. FROM 1300-1700 SNM AND FIANCE'S FATHER WERE DOING VARIOUS PROJECTS AROUND THE PROPERTY TO CLEAN IT UP. DURING THIS TIME THE UNDERAGE SNM STATES THAT HE HAD 4-5 BEERS. AT 1700 THEY STOPPED WORKING TO EAT DINNER, THEN WAITED FOR FIANCE'S UNCLE TO ARRIVE AT THE HOUSE. SNM'S FIANCE'S UNCLE ARRIVED AT THE RESIDENCE AROUND 1730 AND BEGAN DISCUSSING HOW TO DESTROY AN OLD CAMPER ON THE PROPERTY BY BLOWING IT UP WITH HOMEMADE BOMBS. SNM'S FIANCE'S UNCLE WAS FORMALLY A SUPERVISOR AND AN INSPECTOR FOR WELDING, AND HAS OVER 31 YEARS OF WELDING EXPERIENCE. SNM PERCEIVED THAT HIS FIANCE'S UNCLE HAD PRIOR EXPERIENCE HANDLING ACETYLENE GAS. SNM, HOWEVER, HAD NO PRIOR EXPERIENCE OR KNOWLEDGE IN HANDLING ACETYLENE GAS. SNM AND HIS FIANCE'S UNCLE WENT OUT TO THE SHED AFTER DINNER AND BEGAN FILLING BALLOONS WITH ACETYLENE GAS TO MAKE HOMEMADE BOMBS. THEY THEN PLANNED TO PLACE THEM INSIDE A PAIL WITH A HOLE CUT IN IT. THIS WOULD ALLOW THEM TO INSERT A FUSE AND IGNITE THE BALLOONS INSIDE OF THE CAMPER. WHILE SNM WAS PLACING TWO ACETYLENE BALLOONS INSIDE THE PAIL, THE BALLOONS RUBBED TOGETHER CAUSING ELECTROSTATIC BUILD-UP. THIS CAUSED AN ELECTROSTATIC DISCHARGE IGNITING THE BALLOONS AND CAUSING THE EXPLOSION. THE INJURED MARINE RECEIVED SERIOUS FACIAL TRAUMA TO HIS RIGHT SIDE, 2ND DEGREE BURNS TO HIS LEFT FOREARM AND RIGHT PALM, AND A "V" SHAPED LACERATION EXTENDING FROM ABOVE TO BELOW HIS RIGHT EYE. THE EYE WAS SEVERELY DAMAGED FROM THE COMPRESSION OF THE BLAST CAUSING POSSIBLE PERMANENT LOSS OF VISION. SNM WAS TRANSPORTED TO ST. PETERS HOSPITAL IN LYMPIA, WA. BY AMBULANCE AND WAS THEN TRANSFERRED TO MADAGAIN ARMY MEDICAL CENTER IN COMA, WA. WHERE HE UNDERWENT EMERGENCY SURGERY TO TREAT THE INJURIES. SNM DID NOT USE PERSONAL PROTECTIVE EQUIPMENT WHILE WORKING WITH WELDING MATERIALS OR EXPLOSIVES. THE SNM HAD NO EXPERIENCE OR TRAINING

IN HANDLING WELDING EQUIPMENT AND ACETYLENE GAS. FIANCE'S UNCLE WAS EXPERIENCED IN HANDLING WELDING MATERIALS TO INCLUDE ACETYLENE GAS BUT WAS CONDUCTING AN ACTIVITY THAT IS RECOMMENDED AND IS CONSIDERED INHERENTLY DANGEROUS. A LACK OF GOOD JUDGEMENT BY SNM AND HIS UNCLE WAS THE LEADING CAUSE IN THE MISHAP.

10. CONCLUSIONS. RAC CODES ARE OMITTED FOR PMV AND RECREATIONAL MISHAPS THAT ARE OFF DUTY AND OFF BASE.

A. CAUSAL FACTORS OF THE MISHAP.

(1) PERSONNEL FACTOR. FAILURE TO IDENTIFY POTENTIAL HAZARD. HAZARD RECOGNITION WAS COMPLICATED BY ALCOHOL AND AN ADULT PRESENT THAT HAD EXPERIENCE WITH WELDING AND THE USE OF ACETYLENE GAS.

(2) FACILITY FACTORS. INADEQUATE SAFETY PRECAUTIONS AND EQUIPMENT. PROPER PPE WAS NOT IN PLACE FOR USING ACETYLENE GAS IN THIS MANNER.

(3) PERSONNEL FACTORS. FAILURE TO RECOGNIZE AN INHERENTLY DANGEROUS ACTIVITY THAT WOULD EVENTUALLY RESULT IN SERIOUS INJURY.

B. CAUSAL FACTORS OF INJURY. BALLOONS FILLED WITH ACETYLENE GAS EXPLODED WHEN THEY WERE PRESSED TOGETHER CREATING STATIC ELECTRICITY AND IGNITING THE GAS.

11. RECOMMENDATIONS.

A. FOR UNIT CO

(1) ENSURE ALL MARINES ARE BRIEFED ON THIS MISHAP AND UNDERSTAND THE INHERENT DANGERS OF MAKING HOMEMADE BOMBS. COMPANY CONDUCTED ALL HANDS TRAINING ON OFF-DUTY RECREATION ORM AND HAZARDS OF ALCOHOL DDMMYY. ACTION COMPLETE.

(2) ENSURE ALL MARINES CONTINUE TO RECEIVE RECREATIONAL SAFETY AND ORM TRAINING SO THAT THEY UNDERSTAND THE IMPORTANCE OF NOT TAMPERING WITH MATERIALS OR CHEMICALS THAT THEY DO NOT HAVE KNOWLEDGE OF OR THE TRAINING REQUIRED TO HANDLE THEM. COMPANY CONDUCTED ALL HANDS TRAINING ON OFF-DUTY RECREATION ORM AND HAZARDS OF ALCOHOL DDMMYY. ACTION COMPLETE.

(3) CONTINUE TO ENFORCE THE POLICY OF NO UNDERAGE DRINKING IN THE COMMAND, AND EDUCATE MARINES ON THE HAZARDS OF MIXING ALCOHOL WITH INHERENTLY DANGEROUS ACTIVITIES. COMPANY CONDUCTED ALL HANDS TRAINING ON OFF-DUTY RECREATION ORM AND HAZARDS OF ALCOHOL DDMMYY. ACTION COMPLETE.//

SAFEREP ENDORSEMENT FORMAT EXAMPLE

FM ENDORSING UNIT
TO CMC WASHINGTON DC//SD//
COMMARFORLANT//DSS//
COMNAVSAFECEN NORFOLK VA//40/47//

INFO (ALL ENDORSERS))

BT

UNCLAS FOUO//N05102//

SUBJ/THIS IS AN ENDORSEMENT OF A LIMITED DISTRIBUTION GROUND
MISHAP SAFETY INVESTIGATION REPORT (SAFEREP) (PART A), CLASS (A, B, ETC) ON DUTY
MISHAP, CONTROL NO LXXXXXXXX-XX THAT OCCURRED ON DD MM YY.//

////////////////////////////////////
THIS IS A PRIVILEGED SAFETY INVESTIGATION REPORT. UNAUTHORIZED DISCLOSURE OF
THE INFORMATION IN THIS REPORT IS A CRIMINAL OFFENSE UNDER ARTICLE 92 OF THE
UCMJ. SEE MCO P5102.1A PARA 4007.1 FOR DETAILS.
////////////////////////////////////

REF/A/DOC/MCO P5102.1A

REF/B/RMG/XXXXXXZ FEB 02// (REFERENCES B-F AS APPLICABLE)

REF/C/RMG/XXXXXXZMAR02//

REF/D/RMG/XXXXXXZMAR02//

REF/E/XXXXXXZMAR02//

REF/F/LTR/CO XXXXXX/08 MAR 02//

NARR/REF A IS MARINE CORPS GROUND MISHAP INVESTIGATION AND
REPORTING MANUAL. REF B IS ASSIGNMENT OF SAFEREP FILE NUMBER AND ENDORSING
CHAIN. REF C IS SAFEREP. REF D IS XXXXXX ENDORSEMENT. REF E IS XXXXXX
ENDORSEMENT. REF F IS XXXXXX LETTER.//

POC/(NAME, RANK, CODE/TITLE, TELEPHONE, NUMBER, E-MAIL)

RMKS/1. ENDORSEMENT AND SUMMARY

A. THIS REPORT CONCERNS A CLASS C, ON DUTY SMALL ARMS MISHAP.
XXXXX ENDORSEMENT REQUESTED PER REF B.

B. SUMMARY: A MARINE WAS INJURED AS A RESULT OF A NEGLIGENT
DISCHARGE.

2. CONCLUSIONS.

A. CAUSAL FACTORS OF THE MISHAP.

(1) SUPERVISORY FACTOR. INABILITY TO PROVIDE
UNANNOUNCED INSPECTIONS OF SENTRIES. RAC 2. CONCUR.

(2) PERSONNEL FACTOR.

(A) FAILURE TO OBSERVE SAFE WEAPONS HANDLING
PROCEDURES. RAC 1. CONCUR.

(B) FAILURE TO REPORT PROCEDURAL VIOLATIONS.
RAC 2. CONCUR.

B. CAUSAL FACTORS OF DAMAGE OR INJURY.

(1) BY FAILING TO OBSERVE SAFE WEAPONS HANDLING
PROCEDURES, MARINE WAS INJURED BY A NEGLIGENT DISCHARGE.

RAC 1. CONCUR.

3. RECOMMENDATIONS.

A. FOR COMMANDING OFFICER, XXXXXX(UNIT).

(1) SUBMIT LETTER OF REQUEST TO XXXXX (HOST COMMAND)
COMMANDING OFFICER REQUESTING INSTALLATION OF CLOSED CIRCUIT
CAMERAS IN POSTS TO ALLOW SUPERVISORY PERSONNEL TO MONITOR
POSTS FROM INSIDE THE REACTION FORCE FACILITY. THIS
CAPABILITY IS DESIGNED TO ENHANCE, NOT REPLACE, REQUIRED SITE
CHECKS BY SUPERVISORY PERSONNEL. CONCUR. ACTION COMPLETE

(2) ENSURE MARINES KNOW AND UNDERSTAND THEIR RESPONSIBILITY TO REPORT UNSAFE ACTS TO SUPERVISORY PERSONNEL. CONCUR. ACTION COMPLETE.

(3) REINFORCE IMPORTANCE OF SAFE WEAPONS HANDLING PROCEDURES. CONCUR. ACTION COMPLETE.

B. FOR COMMANDING OFFICER BATTALION

(1) ENSURE ALL XXXX MARINES RECEIVE PERIODIC INSTRUCTION ON SAFE WEAPONS HANDLING PROCEDURES. CONCUR. THE BN WEAPONS HANDLING ORDER REQUIRES COMMANDERS TO PROVIDE CONTINUOUS TRAINING IN WEAPONS HANDLING PROCEDURES. THE ORDER STATES THAT ALL WEAPONS LOADING AND UNLOADING MUST BE PERFORMED UNDER THE SUPERVISION OF THE COG, SOG, TEAM LEADER OR SQUAD LEADER, WITH THE LEADER VERBALLY DICTATING EACH STEP PRIOR TO ITS EXECUTION. THE ORDER IS AT ALL COMMANDS. ACTION COMPLETE.

4. ADDITIONAL RECOMMENDATIONS FOR COMMANDING OFFICER XXXX BATTALION.

A. RECOMMEND THE RATIO OF SUPERVISORS/SUBORDINATES BE EVALUATED DURING THE NEXT POST VALIDATION. CURRENT VALIDATION PROCEDURES DO NOT FORMALLY ADDRESS SUPERVISOR POSITIONS. XXXXX HAS MADE EVERY EFFORT TO PROVIDE ADDITIONAL PERSONNEL TO EXPAND THE ZONE OF INFLUENCE. MAINTAINING A LARGE FORCE OF JUNIOR MARINES WITH LESS THAN ONE YEAR ON ACTIVE DUTY PRESENTS CHALLENGES THAT ARE BEST ADDRESSED THROUGH LEADERSHIP AND IMMEDIATE SUPERVISION. CONCUR WITH THE RECOMMENDATION THAT SUPERVISOR/SUBORDINATE RATIO SHOULD BE EVALUATED DURING THE NEXT POST VALIDATION. PER SECNAVINST 5530.4C, POST VALIDATIONS ARE CONDUCTED EVERY THREE YEARS. NEXT XXXX POST VALIDATION IS SCHEDULED FOR OCTOBER 2003. ACTION HAS BEEN ADDED TO POST VALIDATION ITINERARY. ACTION COMPLETE FOR REPORTING PURPOSE.

B. XXXX MARINES ON POSTS WORLDWIDE ARE ARMED ACCORDING TO CURRENT THREAT CONDITIONS AND SPECIFIC MISSION REQUIREMENTS. ROUTINELY SCHEDULED POST VALIDATIONS AND CHANGES TO THREAT CONDITIONS SERVE THE PURPOSE OF ENSURING ADEQUATE ARMING AND FORCE PROTECTION ISSUES ARE ADDRESSED. CONCUR.

C. SEMIANNUAL WEAPONS SAFETY AND HANDLING INSTRUCTION IS MEANT TO BE AUGMENTED BY SUSTAINMENT TRAINING. LIKEWISE, EFFECTIVE TRAINING MANAGEMENT ENSURES ALL MARINES RECEIVE REQUIRED TRAINING, REGARDLESS OF TYPE. CONCUR.

D. RECOMMEND XXXX UNITS INSTITUTE MORE ROLE PLAYING SCENARIOS FOR BOTH WEAPONS HANDLING AND USE OF FORCE TRAINING IAW REF B. CONCUR. ROLE PLAYING SCENARIOS ARE ONE FORM OF SUSTAINMENT TRAINING THAT SUPPORTS INITIAL SKILL TRAINING AND SEMIANNUAL TRAINING. COMMANDERS AT ALL LEVELS ARE RESPONSIBLE FOR THE TRAINING OF THEIR MARINES, AND SHOULD CONSTANTLY ENDEAVOR TO PROVIDE TRAINING WHICH IS EFFECTIVE AND MEANINGFUL. CONCUR. ACTION COMPLETE.

5. COMMANDER'S COMMENTS. THIS IS THE SECOND NEGLIGENT DISCHARGE THAT HAS OCCURRED AT THIS UNIT WITHIN THE LAST TEN MONTHS. THIS INCIDENT IS NOT ABOUT CONDUCTING WEAPONS SAFETY CLASSES--WEAPONS SAFETY CLASSES WERE CONDUCTED PRIOR TO AND AFTER THE NEGLIGENT DISCHARGE LAST MAY. PROPER HANDLING OF LOADED WEAPONS IS A RESULT OF LEADERSHIP, WHICH APPARENTLY BROKE DOWN IN THIS LOW INTENSITY LEADERSHIP ENVIRONMENT. LEADERS MUST BE VIGILANT FOR SIGNS OF INAPPROPRIATE BEHAVIOR AND TAKE DECISIVE, TIMELY ACTIONS.//

HAZARD REPORT FORMAT EXAMPLE

FM UNIT//SAFETY//
TO CMC WASHINGTON DC//SD//
COMMARFORLANT//DSS//
COMNAVSAFECEN NORFOLK VA//40/47//
COMMARCORSYSCOM
INFO FIRST LARBN//CO//
SECOND LARBN//CO//
THIRD LARBN//CO//
BT
UNCLAS FOUO//N05102//
SUBJ/ THIS IS A GROUND HAZARD REPORT (XXXX)//
REF/A/DOC/MCO P5102.1A
REF/B/DOC/TM 6665/016-50
NARR/ REF A IS MCO P5102.1A ON GROUND MISHAP INVESTIGATION
AND REPORTING. REF B IS TM 6665/016-50 MAINTENANCE PARTS
MANUAL.
POC/NAME/RANK/UNIT/SAFETY OFFICER/COML XXX-XXX-XXXX/E-MAIL//
RMKS/1. THIS REPORT CONCERNS A GROUND SAFETY HAZARD. RAC 1.
ENDORSEMENT NOT REQUIRED.
SUMMARY: POSSIBLE FAILURE OF RUBBER HATCH SEAL OF M93 NBC RECONNAISSANCE
SYSTEM (FOX) (C2282) VEHICLES.
2. DATA
A. EQUIPMENT/MATERIAL
(1) ALL M93 NBC RECONNAISSANCE SYSTEM (FOX) VEHICLES. TAMCN C2282, ID NR 10195A.
(2) THE PARTS INVOLVED ARE LISTED IN REF B. NSN 5330-12-313-3391.
B. OPERATION/EVOLUTION. A MISHAP OCCURRED INVOLVING THE SINKING OF A M93, NBC
RECONNAISSANCE SYSTEM (FOX). AFTER THE MISHAP, A PRELIMINARY INSPECTION
REVEALED THAT A POSSIBLE CAUSE OF THE MISHAP WAS THE FAILURE OF THE RUBBER
SEAL AROUND THE REAR HATCH.
3. CIRCUMSTANCES
A. EVIDENCE AND ANALYSIS. RUST DEVELOPED UNDER THE GLUE POSSIBLY ALLOWING
THE SEAL TO COME LOOSE.
B. CONCLUSIONS. THIS RESULTS IN THE SEAL BEING UNABLE TO PREVENT WATER FROM
ENTERING THE VEHICLE DURING WATER-BORNE OPERATION. THIS COULD RESULT IN THE
VEHICLE SINKING.
C. ESTIMATE INJURY/DAMAGE/REPAIR COST. N/A
4. CORRECTIVE ACTIONS
A. FOR ALL UNITS POSSESSING THE M93 NBC RECONNAISSANCE SYSTEM: RECOMMEND
INSPECTION OF ALL HATCHES AND SEALS PRIOR TO WATERBORNE OPERATIONS TO ENSURE
A PROPER BOND.
B. FOR COMNAVSAFECEN. RECOMMEND DISSEMINATION OF ABOVE TO OTHER SERVICES
OF POTENTIAL HAZARD.
5. REMARKS. NOT APPLICABLE.
6. COMMANDING OFFICER/CG COMMENTS. NONE.//