

## MISHAP DATA WORKSHEET

*This form contains personal information protected by the Privacy Act of 1974. Form will be safeguarded from unauthorized disclosure and will be disposed of according to AFI 33-332.*

FROM (Supervisor)	TO (Unit Safety Representative)	TO (Unit Commander)	TO (Wing Safety)
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**I. MISHAP DATA INFORMATION** *(To be filled in by the supervisor and sent to Unit Safety Rep, Commander, and Safety Ofc within 5 workdays after the mishap.)*

NAME (Last, First, Middle Initial)	GRADE	SSN	AGE	SEX	AFSC/JOB SERIES	UNIT/OFFICE SYMBOL/DUTY PHONE
DATE OF MISHAP	DUTY STATUS (At time of mishap) <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		AEF ASSIGNED (1-10) <input type="checkbox"/> YES <input type="checkbox"/> NO	BEEN DEPLOYED IN LAST 365 DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		MISHAP OCCURRED <input type="checkbox"/> ON BASE <input type="checkbox"/> OFF BASE
TIME OF MISHAP	<input type="checkbox"/> PERM PARTY <input type="checkbox"/> STUDENT		AEF NUMBER _____	DAYS DEPLOYED _____		WEATHER _____ LIGHT CONDITIONS _____

DISPOSITION OF INDIVIDUAL: (CHECK ALL THAT APPLY)	WITNESSED?	EXACT LOCATION WHERE MISHAP OCCURRED <i>(Bldg #, Street Name, Miles from Base/Installation)</i>
<input type="checkbox"/> NO MEDICAL TREATMENT NEEDED OR SOUGHT <input type="checkbox"/> TREATED AND RELEASED BACK TO REGULAR DUTY <input type="checkbox"/> RETURNED TO LIMITED DUTY FOR _____ NUMBER OF DAYS <input type="checkbox"/> PLACED ON QUARTERS/CON LEAVE FOR _____ NUMBER OF DAYS <input type="checkbox"/> ADMITTED TO HOSPITAL FOR _____ NUMBER OF DAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO WITNESS NAMES _____	

TYPE OF INJURIES RECEIVED <i>(i.e., Bruise, Fracture, Sprain, etc.)</i>	LOCATION AND PARTS OF BODY INJURED <i>(i.e., Left Leg, Head, Right Ankle, etc.)</i>
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TREATMENT RECEIVED <i>(Includes Stitches, Casts, etc.)</i>	MEDICATIONS PRESCRIBED
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### PROPERTY DAMAGE

PROPERTY DESCRIPTION	GMV/SPV/PMV DESCRIPTION <i>(Year, Make, Model)</i>	GMV REGISTRATION NO
DAMAGE DESCRIPTION	ESTIMATED COST	SEATBELT/HELMET USED <input type="checkbox"/> YES <input type="checkbox"/> NO
		ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO
		MSF TRAINED <input type="checkbox"/> YES <input type="checkbox"/> NO
NON AIR FORCE PROPERTY DAMAGE	ESTIMATED COST	SPEEDING <input type="checkbox"/> YES <input type="checkbox"/> NO
		POSTED SPEED _____ MPH
		SPEED TRAVELED _____ MPH

PROVIDE A CONCISE SUMMARY OF THE MISHAP *(Who, What, When, Where, and Why)* *(Indicate the cause)* *(If more space is needed, continue on reverse)*

  
  
  
  
  

INDICATE THE CORRECTIVE ACTION(S) TAKEN TO PREVENT RECURRENCE *(If more space is needed, continue on reverse)*

  
  
  
  
  

DATE	SUPERVISOR SIGNATURE
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**II. UNIT SAFETY REPRESENTATIVE, UNIT COMMANDER, AND SAFETY OFFICE REVIEWS AND COMMENTS**

UNIT SAFETY REPRESENTATIVE REVIEW AND COMMENTS

  
  
  
  
  

DATE	SIGNATURE
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**II. UNIT SAFETY REPRESENTATIVE, UNIT COMMANDER, AND SAFETY OFFICE REVIEWS AND COMMENTS -- CONTINUED**

UNIT COMMANDER REVIEW, CONCURRENCE, AND COMMENTS

DATE

SIGNATURE

SAFETY OFFICE REVIEW AND COMMENTS

NOT REPORTABLE IAW:

SAS REPORT NUMBER:

DATE

SIGNATURE

ADDITIONAL REMARKS OR COMMENTS *(Summary of Mishap or Corrective Action Taken)*