

Initial Notification of Accident, Injury, Illness, or Disease

Accident Type: <input type="checkbox"/> Vehicle <input type="checkbox"/> Property Damage <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Other	Soldier Involved
Time: _____ Date: _____ Unit: _____ UIC: _____ DRAW Comp: Yes <input type="checkbox"/> No <input type="checkbox"/> Accident ID: Yes <input type="checkbox"/> No <input type="checkbox"/> DRAW Comm: Order <input type="checkbox"/> Verbal <input type="checkbox"/> Not Comm <input type="checkbox"/> Number of Persons Involved: _____ MIL _____ CIV Location Of Accident: _____ MGRS: _____	Name: _____ Rank: _____ AGE: _____ PSC: AGR <input type="checkbox"/> ADOS <input type="checkbox"/> Tech <input type="checkbox"/> M-day <input type="checkbox"/> Other: _____ Duty Status: ON <input type="checkbox"/> OFF <input type="checkbox"/> NON <input type="checkbox"/> Hours on Duty: _____ Hours of Rest: _____ Licensed to Operate Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> MSF Card: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> AAAC: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Summary of Accident to include Root Cause (e.g. Who, What, Where, Why, When, How):

**(continue on 2nd page if necessary)*

Weather Conditions: Sunny Cloudy Rain Windy Icy Snow **Weather a factor?** Yes No

Name/ Address/ Phone of all involved persons (MIL& CIV) **(continue in the additional info area if necessary)*

1. _____
2. _____
3. _____

Personnel Injury: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes complete below)</i>	Estimated Damages (\$)	GOV	CIV
Injury Description:	Vehicle	\$	\$
Medical Care: None <input type="checkbox"/> Local <input type="checkbox"/> Hospital <input type="checkbox"/>	Equipment	\$	\$
Work Days:	PPE	Property	\$
Lost/Quarters: _____	Helmet: Available <input type="checkbox"/> Used <input type="checkbox"/>	Other	\$
Restricted: _____	Seat Belt: Available <input type="checkbox"/> Used <input type="checkbox"/>	Total Damages: \$	
Hospitalized: _____	Eye Pro: Available <input type="checkbox"/> Used <input type="checkbox"/>	Ammo or Explosives Involved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Hospital:	Name of Physician:		
Vehicle or Equipment Involved:	Seat Belt:	Police Involvement:	
Make/Model: _____	Available <input type="checkbox"/> Used <input type="checkbox"/>	Report taken: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
NSN/SN: _____		Report Number: _____	
Damage amount/location: _____		Citation Issued: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Equipment Totaled: Yes <input type="checkbox"/> No <input type="checkbox"/>		(If yes) *who was cited: _____	
Owner of Equipment: Military <input type="checkbox"/> GSA <input type="checkbox"/> Civilian <input type="checkbox"/>		*what were they cited: _____	

Contact Info:	Fill in all Blanks: <i>*(Unit POC must be Full time Military Personnel)</i>		
Unit POC:	Name: _____	Contact #: _____	
Unit Safety POC:	Name: _____	Contact #: _____	
Unit Commander:	Name: _____	Contact #: _____	

Additional Information/ Updates:

**(continue on 2nd page if necessary)*

Send this Completed form to the MEARNG Safety Office and the MEARNG Medical Readiness Unit within 24 hours.

Safety Office e-mail: ng.me.mearng.list.staff-safety , Safety Office phone number: (207) 430-6031.

Medical Readiness Unit e-mail: ng.me.mearng.list.med-det@army.mil.

Additionally, send an SIR to the MENG JOC for notification purposes, without medical info, only if it meets SIR or CCIR criteria.

Initial Notification of Accident, Injury, Illness, or Disease

Summary of Accident continued:

Additional Information/ Updates continued:

Send this Completed form to the MEARNG Safety Office and the MEARNG Medical Readiness Unit within 24 hours.

Safety Office e-mail: ng.me.mearng.list.staff-safety , Safety Office phone number: (207) 430-6031.

Medical Readiness Unit e-mail: ng.me.mearng.list.med-det@army.mil.

Additionally, send an SIR to the MENG JOC for notification purposes, without medical info, only if it meets SIR or CCIR criteria.