UNMANNED AIRCRAFT SYSTEM ACCIDENT REPORT *(UASAR)*
Use for all UAS Aviation Accidents
For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. ACCIDENT CASE INFORMATION	a. Date *(YYYYMMDD)*	b. Time *(Local)*	c. UA Tail Number

2. ACCIDENT CLASS/ CATEGORY

a. Classification ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

b. Category ☐ Flight ☐ Flight Related ☐ Aaircraft Ground

3. UAS MTDS

4. PERIOD OF DAY ☐ Dawn ☐ Day ☐ Dusk ☐ Night

5. AIRCRAFT INVOLVED
a. Number of Aircraft Involved
b. In Flight/Mid-Air Collision ☐ Yes ☐ No ☐ Unknown

6. NEAREST MILITARY INSTALLATION

7. ACCIDENT LOCATION
a. ☐ On-Post ☐ Off-Post
b. ☐ On Airfield ☐ Not on Airfield
c. City
d. State
e. Country
f. Grid and/or Lat/Long

8. ORGANIZATION INVOLVED

a. Unit Designation	b. Unit Identification Code (UIC)	c. Home Station	d. Army Headquarters

9. ACCOUNTABLE ORGANIZATION *(If same as block 8 leave blank)*

a. Unit Designation	b. Unit Identification Code (UIC)	c. Home Station	d. Army Headquarters

10. ACCIDENT COST DATA

a. UA Total Loss ☐ Yes ☐ 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)* $

11. GENERAL DATA

a. Mission

a(1). Type Mission

a(2). Aircraft Mode ☐ Single-ship ☐ Multi-ship ☐ Manned/Unmanned Teaming

a(3). Level of Interoperability (LOI) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA

a(4). Simultaneous UA Operation? ☐ Yes ☐ No *(If Yes, specify number & MTDS)*

b. Flight Plan ☐ Military ☐ Civil ☐ Operation's Log

c. Flight Rules ☐ VFR ☐ IFR

d. Mission/ Training

d(1). At what level was mission/training conducted? ☐ Bde ☐ Bn ☐ Co ☐ Plt ☐ Sqd ☐ Team ☐ Crew

d(2). Who approved the mission/training? Rank & Position:

d(3). Was a mission brief completed? ☐ Yes ☐ 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? ☐ Yes ☐ No

e(2). Who performed the RM? Rank & Position:

e(3). RM Approved? ☐ Yes ☐ No

e(4). Who accepted risks? Rank & Position:

e(5). What was the level of the risk after controls applied? ☐ Low ☐ Moderate ☐ High ☐ Extremely High

e(6). How was the RM process communicated? *(Check all that apply.)* ☐ Worksheet ☐ Verbal Brief ☐ Order ☐ Not Communicated

e(7). Accident event identified/considered during RM process? *If yes, complete blocks 11a(7)a thru 11e(7)d)* ☐ Yes ☐ No

e(7)a. What was the level of the identified risk? ☐ Low ☐ Moderate ☐ High ☐ Extremely High

e(7)b. Was the control measure(s) applied? ☐ Yes ☐ 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? ☐ Yes ☐ No

f. Digital Source Collector (DSC)

f(1). DSC installed? *(If yes, enter type of DSC)* ☐ Yes ☐ No

f(2). Data captured and preserved? *(If yes, specify storage location)* ☐ Yes ☐ No

g. Fire ☐ None ☐ Inflight ☐ Postcrash ☐ Other *(Specify)*

h. Hazardous Material Spillage *If yes & a Class A, B or C accident, attach DA Form 2397-6)* ☐ Yes ☐ No

i. Did accident occur while on an exercise or at a training facility/center? *(If yes, enter the name)* ☐ Yes ☐ No

12. SUMMARY *(Attach a continuation sheet(s) as needed)*

13. FLIGHT DATA	Flight Duration	Phase of Operation *(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)*	Altitude MSL	Altitude AGL	Airspeed KIAS	UA Weight	UA Overgross Weight for Conditions		14. TYPE EVENTS *(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.)*
							Yes	No	
a. At Emergency/ Onset	Hours						☐	☐	
	Tenths	_____ _____ _____							
b. At Impact/Acdt or Termination	Hours						☐	☐	
	Tenths	_____ _____ _____							_____ _____ _____

c Flight Ctrl Malfunction	Check all that apply:
	☐ Human ☐ Environmental ☐ Materiel ☐ Hardware ☐ Software ☐ Component/Part ☐ Not Applicable

15. ACCIDENT CAUSE FACTORS *(For blocks 15a-c, D=definite, S=Suspected, U=Undetermined and N=No/None)*

a(1). System Inadequacies *(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)*	a. Human Factors *(Check box D, S, U or N. If D or S, complete blocks 15a(1)(a)-(e))*
	☐ D ☐ S ☐ U ☐ 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 *(Check box D, S, U or N. If D or S, complete blocks 15b(1)-(2))*		b(1). Type *(Check all that apply.)*
_____ _____ _____	☐ D ☐ S ☐ U ☐ N		☐ Component/Part ☐ Hardware ☐ Software

b(2). Component and Part *(Part that initiated failure/malfunction)*

	UAS Subsystem *(UA, GCS, GDT, TALS, etc.)*	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		☐ Materiel ☐ Maintenance ☐ Design ☐ Manufacture	*(Enter the applicable Failure Codes (max 2) using table 1-2, DA Pam 738-751 (TAMMS-Aviation))*

c. Environmental Factors *(Check box D, S, U or N, as appropriate.)*	c(1). General *(Check all that apply.)*	c(2). Weather Conditions *(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.)*
☐ D ☐ S ☐ U ☐ N	☐ VMC ☐ IMC ☐ Icing ☐ Turbulence	
c(3). Environmental Signal Factors		
☐ Uplink ☐ Downlink ☐ Interference ☐ E ^{3} ☐ NA ☐ Other *(Specify)*		
c(4). Other Environmental Factors *(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.)* _____ _____ _____		_____ _____ _____

16. LOSS OF LINK *(Check box D, S, U or N. If D or S, complete blocks 16 a-d)*	a. Type of Link Lost	b. Type of Link
☐ D ☐ S ☐ U ☐ N	☐ Uplink ☐ Downlink ☐ Unknown	☐ LOS ☐ BLOS ☐ C-Band ☐ Ku-Band ☐ Other *(Specify)*
c. UA distance from the GCS at time of LOL	d. LOL Factors *(Check all that apply.)* ☐ Human ☐ Environment ☐ Materiel ☐ Hardware ☐ Software ☐ Component/Part	

17. TAKE OFF/LANDING DATA *(Complete block 17a if accident occurred during take-off phase and block 17b if during landing phase.)*

a. Take-Off (T/O) Phase	a(1). T/O Method ☐ ATLS ☐ Launcher ☐ Manual	a(2). T/O Accident Factors *(Check all that apply.)* ☐ Human ☐ Environment ☐ Materiel ☐ Hardware ☐ Software ☐ Component/Part
b. Landing Phase	b(1). Landing Method ☐ ATLS ☐ TALS ☐ FTS ☐ Manual	b(2). Landing Accident Factors *(Check all that apply.)* ☐ Human ☐ Environment ☐ Materiel ☐ Hardware ☐ Software ☐ Component/Part

18. TYPE OF STRIKE

☐ Wire ☐ Bird ☐ Tree ☐ Object ☐ Lighting ☐ Antenna ☐ N/A ☐ Other *(Specify)*

19. PERSONNEL DATA *(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.)*

a. Name *(Last, First, MI)*	(1) SSN	(2) Grade	(3) Gender ☐ Male ☐ Female	(4) Duty	(5) SVC	(6) UIC *(Assigned)*	(7) Contributing Role ☐ D ☐ S ☐ U ☐ N	(8) On Fit Ctrls ☐ Yes ☐ No	(9) Lab Test ☐ Pos ☐ Neg ☐ Not Required

(10) Activity	(a) Hrs Slept (b) Hrs Worked (c) Hrs Flown	(11) Individual Status (a) RL ☐ 1 ☐ 2 ☐ 3 ☐ Msn Prep ☐ Msn Qual (b) FAC ☐ 1 ☐ 2 ☐ 3 ☐ NA *(SUAS Operators)* (c) Redeployed Date *(YYYYMMDD)*	(12) Injury/Occupational Illness *(If "yes" complete and attach DA Form 2397-9)* ☐ Yes ☐ No	(13) MTDS Flt Hrs	(14) Total Flt Hrs

b. Name *(Last, First, MI)*	(1) SSN	(2) Grade	(3) Gender ☐ Male ☐ Female	(4) Duty	(5) SVC	(6) UIC *(Assigned)*	(7) Contributing Role ☐ D ☐ S ☐ U ☐ N	(8) On Fit Ctrls ☐ Yes ☐ No	(9) Lab Test ☐ Pos ☐ Neg ☐ Not Required

(10) Activity	(a) Hrs Slept (b) Hrs Worked (c) Hrs Flown	(11) Individual Status (a) RL ☐ 1 ☐ 2 ☐ 3 ☐ Msn Prep ☐ Msn Qual (b) FAC ☐ 1 ☐ 2 ☐ 3 ☐ NA *(SUAS Operators)* (c) Redeployed Date *(YYYYMMDD)*	(12) Injury/Occupational Illness *(If "yes" complete and attach DA Form 2397-9)* ☐ Yes ☐ No	(13) MTDS Flt Hrs	(14) Total Flt Hrs

c. Name *(Last, First, MI)*	(1) SSN	(2) Grade	(3) Gender ☐ Male ☐ Female	(4) Duty	(5) SVC	(6) UIC *(Assigned)*	(7) Contributing Role ☐ D ☐ S ☐ U ☐ N	(8) On Fit Ctrls ☐ Yes ☐ No	(9) Lab Test ☐ Pos ☐ Neg ☐ Not Required

(10) Activity	(a) Hrs Slept (b) Hrs Worked (c) Hrs Flown	(11) Individual Status (a) RL ☐ 1 ☐ 2 ☐ 3 ☐ Msn Prep ☐ Msn Qual (b) FAC ☐ 1 ☐ 2 ☐ 3 ☐ NA *(SUAS Operators)* (c) Redeployed Date *(YYYYMMDD)*	(12) Injury/Occupational Illness *(If "yes" complete and attach DA Form 2397-9)* ☐ Yes ☐ No	(13) MTDS Flt Hrs	(14) Total Flt Hrs

20. FINDINGS AND RECOMMENDATIONS *(See instructions in DA Pam 385-40, para 2-24, for writing findings and recommendations. Use additional sheets if needed)*

USACRC use only	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

21. LIST OF ATTACHMENTS *(ECOD/ACOD, CCAD, PQDR, DA Forms 2397-series, etc.)*

22. BOARD PRESIDENT/ASO/POC *(Name, Signature, and Date)*

a. Grade	b. Branch	Address and Tel No. *(DSN and Com)*
E-Mail		

23. COMMAND REVIEW *(Only required for class A, B & C)*

Reviewer	Organization	Name *(Last, First, MI)*	Rank	Comments	Signature
a. Unit Commander				☐ Concur ☐ Non-concur	
b. Reviewing Official				☐ Concur ☐ Non-concur	
c. Approving Aauthority				☐ Concur ☐ Non-concur	
d. DA Review	USACR/SC			Aproved for entry into ASMIS *(YYYYMMDD)*	

DA FORM 2397-U, FEB 2010