NCARNG Preliminary **Mishap** Notification Checklist

Appendix 4	1
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Mishap Type: Auto Injury Illness	Soldier Involved		
Time: Date:	Name:		
Unit: UIC:	Rank: AGE:		
Location Of Mishap:	PSC: AGR ADOS Tech M-day Other:		
Number of Persons Involved:MILCIV Duty Status: ON OFF NON			
Summary of Mishap to include Root Cause (e.g. Who, What, Where, Why, When, How):			
*(continue on additional 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 remarks area if necessary)			
necessary)			
1			
2			
Personnel Injury: Yes No (if yes complete below)			
Injury Description:			
Medical Care: None Local Hospital			
Work Days: PPE			
Lost: Helmet: Available Used			
Restricted: Goggles: Available Used			
Hospitalized: Gloves: Available 🗌 Used			
Vehicle or Equipment Involved: Seat Belt: Police Involvement:			
Make/Model: Available Used Report taken: Yes No NSN/SN: Report Number:			
NSN/SN: Report Number: Damage amount/location: Citation Issued: Yes			
Equipment Totaled: Yes No			
Owner of Equipment: Military GSA Civilian ** what were they cited:			
Contact Info: Fill in all Blanks: *(Unit POC must be Full time Military Personnel)			
Unit POC: Name:			
Safety POC: Name:	Operator at #		
Unit Commander: Name:	Comboot #		
Additional Information/ Updates:			
Send this Completed form to the NCARNG State Safety Office (SSO) within 24 hours of the Mishap:			
Safety Office email address: <u>ng.nc.ncarng.list.j3-sso@army.mil</u> (14 MAY 2021) (Complete all areas that apply, all older versions are obsolete)			