Ground Mishap Flash Report

1. **Time:** (Time you received the call)

2. **Date:** (Date you received the call, mm/dd/yyyy)

3. **P.O.C.:** (Person who is calling or the person with the most info)

4. **P.O.C. Contact Info:**

5. **Unit:** (Title of Unit)

6. **Unit Location:** (Physical Location of Unit)

7. **Type of Mishap:** (One of the Following)

☐ On - Duty - Industrial, Government Motor Vehicle, Military Training, or Other On - Duty

OR

☐ Off - Duty - Private Motor Vehicle, Sports/Recreation, Other Off - Duty

8. **Time/Date of Mishap: (**Time and Date mishap occurred)

9. **Location of Mishap: (Address, BLDG. #, Road, be Specific)**

10. **Info of Injured or Involved:**

Name & Rank _____ **Age** _____

SSN Last 4: _____ **MOS:** _____ **Component**: (Active, SMRC) _____

Nature of Injury:

Circumstances of Injury: (Provide as much info as Possible)

Report By: Type & Sign _____ Date: (mm/dd/yyyy) _____