

DCMA AIRCRAFT MISHAP NOTIFICATION REPORT

(Fill in all spaces applicable. If additional space is needed, use additional sheet(s).
FOR OFFICIAL USE ONLY--Do not include Privileged Safety Information

MISHAP DATE:	<input type="text"/>	MISHAP TIME:	<input type="text"/>	MISHAP TYPE:	<input type="text"/>	INITIAL MISHAP CLASSIFICATION:	<input type="text"/>
MESSAGE DATE:	<input type="text"/>	MESSAGE TIME:	<input type="text"/>	MISHAP SHIFT:	<input type="text"/>	TYPE NOTIFICATION:	<input type="text"/>

Mishap Location/Place of Performance (PoP):	<input type="text"/>	If not at PoP, Enter Location:	<input type="text"/>
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Owning Service / Command:

DCMA CMO Generating Report:	<input type="text"/>	POC (Name and Title, Organization, Telephone Number, E-Mail)	<input type="text"/>
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APT/CFO/ASO Manning at 100% ? If NO, enter positions not filled in comments: Yes No

CONTRACT INFORMATION

Contract Number:	<input type="text"/>	Purpose of work (PDM / SDLM / Mod / MRO, Repair etc):	<input type="text"/>
Prime Contractor:	<input type="text"/>	Sub Contractor:	<input type="text"/>

Where was the aircraft in the production cycle?

Is this FMS contract? Yes No # Models at PoP at mishap time?

AIRCRAFT INFORMATION

Type / Model / Series: Serial / Tail / BUNO number:

Were photographs taken? Yes No If photographs were taken, are they attached to this report? Yes No

PERSONNEL INVOLVED

N/A Pending

Last Name, First Name, Middle Initial	Grade (Military Only)	Assigned Duty	AERO Rating	Degree Injury*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was Toxicological testing administered? Yes No If 'yes', IAW:

* Enter applicable letters in DEGREE INJURY column:
(NL) No Lost Time; (LT) Lost Time; (PP) Permanent Partial; (PT) Permanent Total; (FT) Fatal

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Pending

NARRATIVE

[Empty text area for narrative]

Was WX a factor?

- Yes No
- In hangar

[Empty text area for WX factor details]

Does the Government accept risk of loss for this aircraft under GFRC/AFRC? Yes No

What was the make-up of the aircrew?

[Empty text box]

Who was in charge during the operation?

[Empty text box]

Who approved the flight?

[Empty text box]

How many personnel were on-board or conducting the operations?

[Empty text box]

Pending

DAMAGE

[Empty text area for damage details]

Extent of Damage:

[Empty text box]

Estimated Cost:

[Empty text box]

Final Total Cost:

[Empty text box]

OTHER SIGNIFICANT INFORMATION

Investigation Type: Service Contractor

Is the mishap expected to cause a delay: Yes No Pending

[Empty text area for other significant information]

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