Controlled Unclassified Information (CUI) (When Filled In)

DCMA AIRCRAFT MISHAP NOTIFICATION REPORT

Privacy Act Statement

Authority: Title 10, U.S.C., Section 133b. IAW DOD Instruction 6055.07, Mishap Notification, Investigation, Reporting, and Record Keeping Purpose: To collect factual data for notifying Service mishap investigation convening authorities of DoD Class A-D aircraft mishaps. Routine Uses: Disclosure to DoD safety and acquisition program offices involved in mishap notification, investigation and reporting channels. Disclosure: Voluntary, but failure to provide information may hinder DoD's ability to properly investigate and report DoD mishaps.

| Mishap Date: | Message Date: | Bioologaro. Voluntary, but landro to | , provide information | Tillay Tillaoi Bob | o o ability to proporty invocagate and re | port Bob Interrupe. | | | | | | | | |
|--|--|--------------------------------------|-----------------------|--------------------|---|---------------------|----------------|--|--|--|--|--|--|--|
| Mishap Location/Place of Performance (PoP): Serior Interior Inter | Mishap Location/Place of PoPs: Wishap Location/Place of PoPs: Deficiency (PoP): Purpose of work (PDM / SDLM / Mod, Repair ectt); Prime Contract Number: Purpose of work (PDM / SDLM / Mod, Repair ectt); Prime Contractor: 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 N/A Pending Personnel Involved Grade (Military Only) Assigned Duty AERO Rating Degree Injury' Was toxicological testing administered? Yes No If "yes", IAW: *Enter applicable letters in DEGREE INJURY column: | Mishap Date: | Mishap Time: | | Mishap Type: | | | | | | | | | |
| Performance (PoP): Owning Service/Command: DCMA CMO Generating Report: Telephone Number, E-Mail) APT//CFO/ASO Manning at 100%? If No, enter positions not filled in comments: Yes No Contract Number: Prime Contractor: Where was the aircraft in 1 | Performance (PoP): Owning Service/Command: DCMA CMO Generating Report: Telephone Number, E-Mail) APT//CFO/ASO Manning at 100%? If No, enter positions not filled in committee: Ves No Contract Information Contract Number: Prime Contractor: Where was the aircraft in 1 | Message Date: | | | Mishap Shift: | Type Notification: | | | | | | | | |
| POC (name and Title, Organization, Telephone Number, E-Mail) APTICFO/ASO Manning at 100%? If No, enter positions not filled in coments: Yes No Tontract Information Contract Number: Prime Contractor: Where was the aircraft in The production cycle? Is this FMS contract? Yes No #Model/Series: Serial/Tail/BUNO number: Were photographs taken? Yes No If photographs were taken, are they attached to this report? Yes No No Assigned Duty AERO Rating Degree Injury* Was toxicological testing administered? Yes No If "yes", IAW: *Enter applicable letters in DEGREE INJURY column: | POC (name and Title, Organization, Telephone Number, E-Mail) APTICFO/ASO Manning at 100%? If No, enter positions not filled in committee: Yes No Tontract Information Contract Number: Furpose of work (PDM / SDLM / Mod, Repair ect); Prime Contractor: Where was the aircraft in The production cycle? Is this FMS contract? Yes No #Models at PoP at mishap time? Type/Model/Series: Serial/Tail/BUNO number: Serial/Tail/BUNO number: Yes No Assigned Duty AERO Rating Degree Injury* Was toxicological testing administered? Yes No If "yes", IAW: *Enter applicable letters in DEGREE INJURY column: | | | | | | | | | | | | | |
| Report: Telephone Number, E-Mail) APTICFO/ASO Manning at 100%? If No, enter positions not filled in coments: **Sub-Contract Information** **Contract Number: Sub-Model/Series: Sub-Contractor: Sub-Contract | Report: Telephone Number, E-Mail) APTICFO/ASO Manning at 100%? If No, enter positions not filled in coments: | Owning Service/Command: | | | | | | | | | | | | |
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| Contract Number: Purpose of work (PDM / SDLM / Mod, Repair ect); Prime Contractor: Where was the aircraft in The production cycle? Is this FMS contract? Yes No #Models at POP at mishap time? **Enter applicable letters in DEGREE INJURY column: Purpose of work (PDM / SDLM / Mod, Repair ect); Sub-Contractor: Sub-Contract | Contract Number: Purpose of work (PDM / SDLM / Mod, Repair ect); Sub-Contractor: 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 Grade (Military Only) Assigned Duty AERO Rating Degree Injury* Was toxicological testing administered? Yes No If "yes", IAW: | | If No, enter | Yes No | | | | | | | | | | |
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| * Enter applicable letters in DEGREE INJURY column: | * Enter applicable letters in DEGREE INJURY column: | | | | | | | | | | | | | |
| * Enter applicable letters in DEGREE INJURY column: | * Enter applicable letters in DEGREE INJURY column: | Was toxicological testing adminis | stered? | Yes N | lo If "ves". IAW: | | | | | | | | | |
| (NI) No Loct Time: (LT) Loct Time: (DD) Dermanent Partial: (DT) Dermanent Total: (ET) Estal | (NL) No Lost Time; (LT) Lost Time; (PP) Permanent Partial; (PT) Permanent Total; (FT) Fatal | | | | | | | | | | | | | |
| (11) 140 LOSE TIME, (LI) LOSE TIME, (FF) FEMILIAMENE FAMILIAM, (F1) FEMILIAMENE TOTAL, (F1) FALAN | | (NL) No Lost Time; (LT) Lost Time | ; (PP) Permanent P | Partial; (PT) Peri | manent Total; (FT) Fatal | | | | | | | | | |
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Do not include Privileged Safety Information

DCMA FORM 6 SEP 2021
Previous Edition is Obsolete

CUI (When Filled In)

Page 1 of 2

Controlled by: DCMA-AO
CUI Category: General Proprietary Business Info

LDC: Federal Govt Only

POC: robert.m.cumbie.civ@mail.mil

CUI (When Filled In)

| Do not include Privileged Safety Information | | | | | | | | | | |
|--|------------------|--------------------------|--------------------------------------|-------------------------------------|-----------------|--------------------|---------|--|--|--|
| Pending | | | <u>Narrative</u> | | | | | | | |
| | | | | | | | | | | |
| Was Weather A factor? | Yes | No | In hangar | | | | | | | |
| Does the Government ac | cept risk of los | s for this aircra | ft under GFRC/AFRC? | Yes | No | | | | | |
| What was the make-up of | the aircrew? | | Who was in ch | arge during the operat | ion? | | | | | |
| Who approved the flight? | , | | How many peo | ople were on-board or e operations? | | | | | | |
| Pending | | | <u>Damage</u> | | | | | | | |
| Extent of damage | | Estimate Oth e | ed Cost: er Significant Inform | | otal cost: | | | | | |
| Investigation Type: | Service | Contractor | Is the mishap expect | | Yes | No | Pending | | | |
| | Save this PDF | . attach in emai | il, & send <mark>ENCRYPTED</mark> to | | a.ao.michan.not | ification <i>e</i> | | | | |
| | | O, Pgm Office, | | 4 | | | | | | |
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