

<b>ABBREVIATED AVIATION ACCIDENT REPORT (AAAR)</b> <b>FOR ALL CLASS C, D, E, F, COMBAT A AND B, AND ALL AIRCRAFT GROUND</b> <b>For use of this form, see DAPamphlet 385-40; the proponent agency is OCSA.</b>	<b>REQUIREMENTS CONTROL SYMBOL</b> <b>CSOCS-309</b>
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**COMPLETE BLKS 1-18 FOR ALL ACFTS, NO FURTHER ENTRY IS REQUIRED FOR CLASS D, E, AND F ACFTS NOT INVOLVING HUMAN ERROR / INJURY.**

<b>1. DATE/CASE NO. OF ACCIDENT</b>	<b>a. (YYYYMMDD)</b> 19860727	<b>b. Time (Lcl)</b> 19:10
<b>2. a. Classification</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F   D	
<b>b. Category</b>	<input checked="" type="checkbox"/> Flight <input type="checkbox"/> Flight Related <input type="checkbox"/> Acft Ground <input type="checkbox"/> UAS   A - Flight	

**One-Liner**  
Not Reported

<b>1c. Aircraft Serial Number</b> 8424175	<b>3. TYPE OF ACFT (MTDS)</b> CH47D - CH47D
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<b>4. PERIOD OF DAY</b>	<input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night   2 - Day
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<b>5. NO ACFT INVOLVED</b> 1	<b>6. NEAREST MIL INSTALLATION</b> 06891 29 Palms, CA
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<b>7. ACCIDENT LOCATION</b>	<b>a.</b> <input type="checkbox"/> On-Post <input checked="" type="checkbox"/> Off-Post   N - No	<b>b.</b> <input type="checkbox"/> On Airfield <input checked="" type="checkbox"/> Not on Airfield   N - No		
	<b>c. City (Nearest to acdt site)</b> Not Available At Conversion	<b>d. State</b> 06 - California	<b>e. Country (If not USA)</b> US - United States	

**f. Grid or Latitude /Longitude** Not Reported Not Reported Not Reported / Not Reported Not Reported Not Reported

**8. ORGANIZATION INVOLVED**

<b>a. Name of Unit</b> Not Reported	<b>c. Home Station</b> 21128 - Ft Campbell, KY	<b>d. Army HQ</b> <input type="text" value="(b)(3)"/> - FORSCOM
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<b>b. UIC (6 Digit Unit Id Code)</b>	<b>Aircraft Serial Number</b> 8424175																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;"><b>UIC8</b></td> <td style="width:12.5%; text-align: center;"><b>UIC7</b></td> <td style="width:12.5%; text-align: center;"><b>UIC6</b></td> <td style="width:12.5%; text-align: center;"><b>UIC5</b></td> <td style="width:12.5%; text-align: center;"><b>UIC4</b></td> <td style="width:12.5%; text-align: center;"><b>UIC3</b></td> <td style="width:12.5%; text-align: center;"><b>UIC2</b></td> <td style="width:12.5%; text-align: center;"><b>UIC1</b></td> </tr> <tr> <td colspan="8" style="text-align: center;"><input type="text" value="(b)(3)"/></td> </tr> <tr> <td style="text-align: center;">B CO</td> <td></td> <td style="text-align: center;">159AVBN</td> <td style="text-align: center;">101AVGP</td> <td style="text-align: center;">101 ABN</td> <td style="text-align: center;">18CORPS</td> <td colspan="2" style="text-align: center;">FORSCOM</td> </tr> </table>	<b>UIC8</b>	<b>UIC7</b>	<b>UIC6</b>	<b>UIC5</b>	<b>UIC4</b>	<b>UIC3</b>	<b>UIC2</b>	<b>UIC1</b>	<input type="text" value="(b)(3)"/>								B CO		159AVBN	101AVGP	101 ABN	18CORPS	FORSCOM							
<b>UIC8</b>	<b>UIC7</b>	<b>UIC6</b>	<b>UIC5</b>	<b>UIC4</b>	<b>UIC3</b>	<b>UIC2</b>	<b>UIC1</b>																							
<input type="text" value="(b)(3)"/>																														
B CO		159AVBN	101AVGP	101 ABN	18CORPS	FORSCOM																								

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

<b>a. Name of Unit</b> Not Reported	<b>b. UIC (6 Digit Unit Id Code)</b> <input type="text" value="(b)(3)"/> - B CO	<b>c. Home Station</b> 21128 - Ft Campbell, KY	<b>d. Army HQ</b> <input type="text" value="(b)(3)"/> FORSCOM
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<b>b. UIC (6 Digit Unit Id Code)</b>	<b>Aircraft Serial Number</b> 8424175																													
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<b>UIC8</b>	<b>UIC7</b>	<b>UIC6</b>	<b>UIC5</b>	<b>UIC4</b>	<b>UIC3</b>	<b>UIC2</b>	<b>UIC1</b>																							
<input type="text" value="(b)(3)"/>																														
B CO		159AVBN	101AVGP	101 ABN	18CORPS	FORSCOM																								

<b>10. ESTIMATED ACCIDENT COST</b>		<b>a. Acft Total Loss</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N - No		Serial- 8424175					
<b>b. Acft Damage (Excl man hr)</b> \$86		<b>Responsible Owner</b> A Army							
<b>c. No. Man Hrs</b> 0		<b>d. Man Hrs Cost</b> \$0		<b>Aircraft Owner</b> A Army					
<b>e. Other Damage Mil</b> \$0		<b>Responsible Owner</b> Not Reported Not Reported							
<b>f. Civilian Damage</b> \$0		<b>Responsible Owner</b> Not Reported Not Reported							
<b>g. Injury Cost</b> \$0		<b>h. Total (this aircraft)</b> \$86		<b>i. Total (All Aircraft)</b> \$86					
<b>11. GEN. DATA</b>	<b>a. Msn</b>	<b>(1) Type (Trig, Svc, etc.)</b>		<b>(2)</b> R - Not Reported					
		S - Service 20 - Low Level 35 - Supervised		<input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship					
				<b>b. Flight Plan</b> 0 - VFR					
				<input type="checkbox"/> NA <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR					
<b>c. Digital Source Collector Installed</b> R - Not Reported			<b>d. Night Vision Device/System In use</b> R - Not Reported						
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Specify Type</b> Not Reported			<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Specify Type</b>						
<b>e. Fire</b> Not Reported			<b>f. Flammable Fluid Spillage (If "Yes" for Class A, B, and C acdts, attach DA Form 2397-6)</b>						
<input type="checkbox"/> None <input type="checkbox"/> Postcrash <input type="checkbox"/> Inflight <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N - No						
<b>g. Field Training Exercise (FTX)</b> R - Not Reported									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If "Yes" Name of FTX</b> Not Reported									
<b>Location Description</b> Not Available At Conversion									
<b>Explosive Involved</b>		<b>Present</b>		<b>Secured</b>					
R Not Reported		R Not Reported		R Not Reported					
<b>Source</b> 8 PRAM		<b>Coder</b> 108		<b>Date Received</b> 4 Aug 1986					
<b>USASC Investigate</b> R Not Reported		<b>Advisor Sent</b> R Not Reported		<b>Transaction Date</b> 13 Nov 1986					
<b>ARAS Case ID</b> Not Reported		<b>Initial Notification Number</b> Not Reported		<b>RCAS Case ID</b> Not Reported					
<b>Mil Grid Ref System</b> Not Reported		<b>Latitude</b> Not Reported		<b>Longitude</b> Not Reported					
<b>12. FLIGHT DATA</b>	<b>Flight Duration</b>	<b>Phase of Operation (Enter max of 3 codes from Table 3-4 of DA Pam 385-40 or specify phase (e.g. hover, NOE, etc.))</b>			<b>Altitude AGL</b>	<b>Airspeed KIAS</b>	<b>Aircraft Weight</b>	<b>Overgross for Conditions</b>	
								<b>Yes</b>	<b>No</b>
<b>a. At Emergency</b>	<b>Hours</b> #Error <b>Tenths</b> #Error	Not Reported Not Reported Not Reported			Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
<b>b. At Impact /Acft or Termination</b>	<b>Hours</b> 5 <b>Tenths</b> -2	Not Reported Not Reported Not Reported			Not Reported	Not Reported	Not Reported		

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CASE PRINT

CASE 1986-07-27-002

8/23/2011 11:42:02 AM

**13. TYPE EVENTS (Enter max 3 codes from Table 3-2 DA Pam 385-40 or specify type event which best describes the acdt/incdt, e.g. tree strike, generator failure, eng overspeed, hard landing, fuel exhaustion, dropped cargo, oil cooler bearing failure, etc.)**

32 - Other Collision
Not Reported
Not Reported

<b>14. ACCIDENT CAUSE FACTORS (Enter D, S, or U to identify Definite, Suspected, or Undetermined causes)</b>	a.	D	<b>Human Error (If D or S complete blks 21, 23, &amp; 24)</b>
	b.	N	<b>Materiel Failure/Malfunction complete blks 21, 23, &amp; 24)</b>
	c.	N	<b>Environmental (If D or S Complete blk 17)</b>

**15. SUMMARY (Enter summary of acdt sequence from onset of emergency through termination of flight. For Class D, E, and F, include the type of materiel failure and/or environmental factors.)**

DURING POST FLIGHT INSPECTION, A HOLE WAS FOUND ON THE OUTER SKIN OF THE RAMP. APPARENTLY SOMETIME DURING THE MSN WHILE LANDING IN NUMEROUS LZ'S AND PZ'S, THE RAMP HAD BEEN LOWERED ON A ROCK. ACFT CIRCLE RED X'D RESTRICTED FROM WATER LANDINGS.

**16. COMPONENT AND PART FAILURE/MALFUNCTION DATA (part that initiated failure/malfunction)**

<b>Aircraft MTDS</b>	None to Report	<b>Aircraft Serial #</b>	
<b>Identification</b>	<b>Major Component</b>		<b>Part</b>
a. Nomenclature			
b. Type, Design, and Series			
c. Part Number			
d. NSN			
e. Manufacturer's Code			
f. Part Serial No.			
g. Cause Failure / Malfunction	(1) Materiel <input type="text"/>	(2) Maintenance <input type="text"/>	FGCODE (USACRC) TYPEFL CAUFL
	(3) Design <input type="text"/>	(4) Manufacture <input type="text"/>	

**17. ENVIRONMENTAL (Chk conditions at time of acdt.)**

a. General (1)  IMC (2)  VMC (3)  Unk Not Reported

**b. Environmental Conditions**

<b>(1) Weather Conditions</b>		<b>(2) Other Conditions</b>	
(a) Hail <input type="checkbox"/> Not Reported	(g) Lightning <input type="checkbox"/> Not Reported	(a) Animals <input type="checkbox"/> Not Reported	(g) Glare <input type="checkbox"/> Not Reported
(b) Sleet <input type="checkbox"/> Not Reported	(h) Thunderstorm <input type="checkbox"/> Not Reported	(b) Fowl <input type="checkbox"/> Not Reported	(h) FOD <input type="checkbox"/> Not Reported
(c) Fog <input type="checkbox"/> Not Reported	(i) Gusty Winds <input type="checkbox"/> Not Reported	(c) Surface <input type="checkbox"/> Not Reported	(i) Temperature <input type="checkbox"/> Not Reported
(d) Drizzle <input type="checkbox"/> Not Reported	(j) Freezing Rain <input type="checkbox"/> Not Reported	(d) Noise <input type="checkbox"/> Not Reported	(j) Vibration <input type="checkbox"/> Not Reported
(e) Rain <input type="checkbox"/> Not Reported	(k) Other <input type="checkbox"/> Not Reported	(e) Chemicals <input type="checkbox"/> Not Reported	(k) Dust <input type="checkbox"/> Not Reported
(f) Snow <input type="checkbox"/> Not Reported		(f) Radiation <input type="checkbox"/> Not Reported	

<b>Aircraft MTDS</b>	CH47D - CH47D	<b>Aircraft Serial #</b>	8424175
<b>c. Acft Icing</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes R - Not Reported	<b>d. Turbulence</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes R - Not Reported
<b>Accident Site</b>	<b>Secured</b> R Not Reported	<b>Disturbed</b> R Not Reported	<b>Photos</b> R Not Reported
<b>Multi Ship Number</b>	Not Reported		<b>Position in Flight</b> Not Reported
<b>Digital Source Collector Type</b>	Not Reported		
<b>Injuries</b>	<b>Fatal</b>	<b>Disabling</b>	<b>Nondisabling</b>
<b>Occupants Military</b>	Not Reported	Not Reported	Not Reported
<b>Occupants Other</b>	Not Reported	Not Reported	Not Reported
<b>Non-Occupants Military</b>	Not Reported	Not Reported	Not Reported
<b>Non-Occupants Other</b>	Not Reported	Not Reported	Not Reported
<b>Total this Acft</b>			
<b>18. BOARD PRESIDENT/ASO/POC (Name, Signature, and Date)</b>		<b>Grade</b>	<b>Branch</b>
			Not Reported
		<b>E-mail</b>	<b>Address and Tel. No.</b>
<b>COMPLETE BLKS 19 - 26 FOR ALL CLASS C, COMBAT CLASS A, B, ACFT GROUND CLASS A, B, C, AND ALL CLASS ACFTS INVOLVING HUMAN ERROR/INJURY.</b>			
<b>19. MOON ILLUMINATION DATA (For night Class A, B, or C acdts. If blk a is "No", no other entry is required).</b>			
<b>a. Moon Above Horizon</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Not Reported	<b>b. Moon Visible</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Not Reported
<b>d. Percent of Moon Illumination</b>		<b>e. Moon (Clock Position from Flight Path/Nose of Acft)</b>	
Not Reported		Not Reported	
<b>20. WIRE STRIKE DATA (If "no" in blk a, no other entry is required)</b>			
<b>Aircraft MTDS</b>	CH47D - CH47D	<b>Aircraft Serial #</b>	8424175
<b>a. Wire Strike</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N - No	<b>b. WSPS Installed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Z - Not Applicable
<b>d. WSPS Cut Wire</b>		<b>e. WSPS Functioned as Designed</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Z - Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No Z - Not Applicable	
<b>Aircraft MTDS</b>	Not Reported	<b>Aircraft Serial #</b>	Not Reported
<b>f. Wires Struck</b>	No. Not Reported	<b>Dia (inches)</b>	Not Reported

21. PERSONNEL DATA (Complete for each crew member with access to flight controls or other personnel injured or having a contributing role in the accident, use additional forms as needed).

<b>a. Name (last, first MI)</b> PII Data		<b>(1) SSN</b> PII Data	<b>(2) Grade</b> E5 - E5	<b>(3) Gender</b> M - Male
<b>(4) Duty</b> CE - Crew Chief/Flight Engineer	<b>(5) SVC</b> A - Active Army	<b>(6) UIC (Assigned)</b> (b)(3)	<b>(7) Contributing Role</b> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> U PII Data	
<b>(8) On Ft Controls</b> <input type="checkbox"/> Yes <input type="checkbox"/> No R - Not Reported	<b>(9) (a) Lab Test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No R - Not Reported	<b>(9) (b) Results</b> <input type="checkbox"/> Pos <input type="checkbox"/> Neg Not Reported		
<b>(10) Activity (Last 24 Hrs)</b>	<b>(a) Hrs Slept</b> Not Reported	<b>(b) Hrs Worked</b> Not Reported	<b>(c) Hrs Flown</b> Not Reported	
<b>(11) (a) RL</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 - Not Reported	<b>(b) FAC</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 R - Not Reported	<b>(c) DATE Redeployed from Combat Zone</b>		
<b>(12) Injury (if "yes" complete DA Form 2397-9)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I - No Injury	<b>(13) Total Flight Hours (acdt MTDS)</b> 0	<b>(14) Total Flight Hours</b> 0		

23. ACDT CAUSE FACTORS (Blk 24 must support all cause factors checked: See DA Pam 385-40 for definition of cause factors)

<b>a. Training Failure</b> Not Reported	<b>(Stds exist but not known or ways to achieve them not known)</b>	<b>c. Leader Failure</b> Not Reported	<b>(Stds are known but not enforced)</b>
<b>b. Standards Failure</b> Not Reported	<b>(Stds not clear, practical or do not exist)</b>	<b>d. Individual Failure</b> Not Reported	<b>(Stds are known but not enforced)</b>
<b>e. Support Failure</b> Not Reported <b>(Inadequate equip/facilities/svcs/no or type personnel)</b>			

<b>a. Name (last, first MI)</b> PII Data		<b>(1) SSN</b> PII Data	<b>(2) Grade</b> O2 - O2	<b>(3) Gender</b> M - Male
<b>(4) Duty</b> PI - Pilot	<b>(5) SVC</b> A - Active Army	<b>(6) UIC (Assigned)</b> (b)(3)	<b>(7) Contributing Role</b> <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> U PII Data	
<b>(8) On Ft Controls</b> <input type="checkbox"/> Yes <input type="checkbox"/> No R - Not Reported	<b>(9) (a) Lab Test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No R - Not Reported	<b>(9) (b) Results</b> <input type="checkbox"/> Pos <input type="checkbox"/> Neg Not Reported		
<b>(10) Activity (Last 24 Hrs)</b>	<b>(a) Hrs Slept</b> Not Reported	<b>(b) Hrs Worked</b> Not Reported	<b>(c) Hrs Flown</b> Not Reported	
<b>(11) (a) RL</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 - Not Reported	<b>(b) FAC</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 R - Not Reported	<b>(c) DATE Redeployed from Combat Zone</b>		
<b>(12) Injury (if "yes" complete DA Form 2397-9)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I - No Injury	<b>(13) Total Flight Hours (acdt MTDS)</b> 0	<b>(14) Total Flight Hours</b> 0		

23. ACDT CAUSE FACTORS (Blk 24 must support all cause factors checked: See DA Pam 385-40 for definition of cause factors)

<b>a. Training Failure</b> Not Reported	<b>(Stds exist but not known or ways to achieve them not known)</b>	<b>c. Leader Failure</b> Not Reported	<b>(Stds are known but not enforced)</b>
<b>b. Standards Failure</b> Not Reported	<b>(Stds not clear, practical or do not exist)</b>	<b>d. Individual Failure</b> Not Reported	<b>(Stds are known but not enforced)</b>
<b>e. Support Failure</b> Not Reported <b>(Inadequate equip/facilities/svcs/no or type personnel)</b>			

<b>a. Name (last, first MI)</b> PII Data		<b>(1) SSN</b> PII Data	<b>(2) Grade</b> W3 - CW03	<b>(3) Gender</b> M - Male
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<b>(4) Duty</b> PC - Pilot In Command	<b>(5) SVC</b> A - Active Army	<b>(6) UIC (Assigned)</b> (b)(3)	<b>(7) Contributing Role</b> PII Data <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
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<b>(8) On Fit Controls</b> R - Not Reported <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(9) (a) Lab Test</b> R - Not Reported <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(9) (b) Results</b> Not Reported <input type="checkbox"/> Pos <input type="checkbox"/> Neg
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<b>(10) Activity (Last 24 Hrs)</b>	<b>(a) Hrs Slept</b> Not Reported	<b>(b) Hrs Worked</b> Not Reported	<b>(c) Hrs Flown</b> Not Reported
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<b>(11) (a) RL</b> - Not Reported <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>(b) FAC</b> R - Not Reported <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>(c) DATE Redeployed from Combat Zone</b>
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<b>(12) Injury (if "yes" complete DA Form 2397-9)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I - No Injury	<b>(13) Total Flight Hours (acdt MTDS)</b> 0	<b>(14) Total Flight Hours</b> 0
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**23. ACDT CAUSE FACTORS (Blk 24 must support all cause factors checked: See DA Pam 385-40 for definition of cause factors)**

<b>a. Training Failure</b> Not Reported (Stds exist but not known or ways to achieve them not known)	<b>c. Leader Failure</b> Not Reported (Stds are known but not enforced)
<b>b. Standards Failure</b> Not Reported (Stds not clear, practical or do not exist)	<b>d. Individual Failure</b> Not Reported (Stds are known but not enforced)
<b>e. Support Failure</b> Not Reported (Inadequate equip/facilities/svcs/no or type personnel)	

**22. IMPACT/PROTECTIVE/ESCAPES/SURVIVAL/RESCUE DATA (For Class A, B, and C acdts)**

<b>Aircraft MTDS</b> CH47D = CH47D	<b>Aircraft Serial #</b> 8424175
<b>a. Acft Occupiable Space Compromised (If "yes" DA Form 2397-6 is required)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N - No
<b>b. Escape/Survival Difficulties (If "yes" DA Form 2397-10 required for the individual)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>c. Protective/Restraint Equip Functioned as designed (If "no" DA Form 2397-10 required for the individual)</b>	X Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Y - Yes

**24. FINDINGS AND RECOMMENDATIONS (See Instructions in DA Pam 385-40 for writing findings and recommendations. Use additional sheet if required)**

Not Reported

Not Reported

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

**25. LIST OF ATTACHMENTS (CCAD, DA Forms 2397-4, 8, 9, etc.)**

**26. COMMAND REVIEW (Required for Class A and b combat and all Class C acdts. Use separate sheet for nonconcurrency, additional findings, and recommendations.)**

REVIEWER	Organization	Name (Typed/Printed)	Rank	Signature	Comments	
<b>a. Unit Commander</b>	Not Reported	PII Data	Not Reported		<input type="checkbox"/> Concur	<input type="checkbox"/> Non-concur
<b>b. Reviewing Official</b>	Not Reported	PII Data	Not Reported		<input type="checkbox"/> Concur	<input type="checkbox"/> Non-concur

<b>c. Approving Authority</b>	Not Reported	PII Data	Not Reported		<b>Concur</b>	<b>Non-concur</b>
<b>d. DA Review</b>	Not Reported	PII Data	Not Reported		<b>Approved for entry into ASMIS (YYYYMMDD)</b>	
					Not Reported	

<b>Duty Type</b>	<b>Duty</b>	<b>Role</b>
Flight Crew	PC Pilot In Command	N
Flight Crew	CE Crew Chief/Flight Engineer	D
Flight Crew	PI Pilot	N
Other	R Not Reported	R

**US Army Combat Readiness/Safety Center Recorded Information**

<b>Source</b>	<b>Coder</b>	
P - PRAM	108 PII Data	
<b>Received Date</b>	<b>Established Date</b>	<b>Transaction Date</b>
1986 08 04	1986 08 04	1986 11 13
<b>USASC Investigate</b>	<b>Advisor Sent</b>	
R - Not Reported	R - Not Reported	
<b>ARAS Case ID</b>	<b>Initial Notification Number</b>	<b>RCAS Case ID</b>
Not Reported	Not Reported	Not Reported

\*\* 3W Data \*\*

**Duty** CE - Crew Chief/Flight Engineer      **Role** D -

**Phase of Operation**

-

**Task Number**                      **Mistake/Error Code**      -

**System Inadequacy**      -

**Remedial Measure**      -

**ABACUS DATA**

<b>Cause No</b>	<b>Role</b>	<b>Phase of Operation</b>		
1	D - Definitely	7B - Landing-Touchdown		
<b>Subject</b>		<b>Action Verb</b>		<b>Sub Manner</b>
PCE - CE/Flt Eng		U01 - Utilized		I3 - Inadequate
<b>Position/Condition</b>			<b>Object Qualifier</b>	
Not Reported - Not Reported			P6 - Procedure(s)	
Not Reported - Not Reported			Not Reported - Not Reported	
<b>Object</b>		<b>Reason Qualifier</b>		<b>Reason Category</b>
EOB3 - Boulder(s)		Not Reported - Not Reported		E2 - Environmental

Cause No	Result No	Subject	Action Verb
1	1	M010300 - Airframe - Doors, Hatches And Windows -	P09 - Punctured

Position/Condition	Object Qualifier
Not Reported - Not Reported	Not Reported - Not Reported
Not Reported - Not Reported	Not Reported - Not Reported

Object
Not Reported - Not Reported

A5	Summary
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DURING POST FLIGHT INSPECTION, A HOLE WAS FOUND ON THE OUTER SKIN OF THE RAMP. APPARENTLY SOMETIME DURING THE MSN WHILE LANDING IN NUMEROUS LZ'S AND PZ'S, THE RAMP HAD BEEN LOWERED ON A ROCK. ACFT CIRCLE RED X'D RESTRICTED FROM WATER LANDINGS.