

# Mishap Report Worksheet

## (Short Form)

\* Date of Mishap: \_\_\_\_\_ \* Local Time of Mishap: \_\_\_\_\_  
 \* Mission at Time of Mishap: \_\_\_\_\_ \* Involved a Motor Vehicle: Yes | No

\* Coxswain Data: Required if incident occurred while underway on a small boat.

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Months Qualified in Vessel: \_\_\_\_\_ Months at Unit: \_\_\_\_\_

\* Mishap directly related to unit mission? Yes | No

\* When this mishap occurred, was all required PPE worn properly by those involved? No | Yes | None required

\* Personal Protective Equipment (PPE) Description: (Short narrative describing PPE worn by members involved, any PPE not properly worn and why—specifically addressing funding, training, and any complacency issues).

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\* Did this Mishap involve a: (Select all that apply)

Capsizing     Ejection     Person in Water     Motor Vehicle  
 Grounding     Rollover     Accidental Firearm Discharge     None of the above

\* Enter Short Description of Mishap: \_\_\_\_\_

\* Narrative of Mishap (What, Where, How, Why, Environmental Conditions if applicable)

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\* Causes(s) and Contributing Factor(s) of Mishap

Sports

If not Sports, check as many that apply from below:

	<u>Personnel</u>	<u>Equipment</u>	<u>Environment</u>
Experience	<input type="checkbox"/> Policies/Procedures	<input type="checkbox"/> Eng/Design	<input type="checkbox"/> Weather
Qualifications	<input type="checkbox"/> Planning/Risk Assessment	<input type="checkbox"/> Failure	<input type="checkbox"/> Noise
Judgment	<input type="checkbox"/> Management/Supervision	<input type="checkbox"/> Inadequate Maint.	<input type="checkbox"/> Visibility/Lighting
Fatigue	<input type="checkbox"/> Communication	<input type="checkbox"/>	<input type="checkbox"/> Temperature

Additional Cause Information:

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\* Corrective Actions Taken/Lessons Learned:

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**Medical Information:**

\* Name: \_\_\_\_\_ \* Age: \_\_\_\_\_ \* Gender: M / F \* Grade: \_\_\_\_\_ \* Rate: \_\_\_\_\_

\* Status:

On Duty Coast Guard (Act Duty)  On Duty CG Reserve  On Duty DOD  Contractor  NAFA   
 Off Duty Coast Guard (Act Duty)  On Duty Civilian  Off Duty DOD  Other  Auxiliary

Part of Body Injured:

Abdomen	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Hip/Pelvis	<input type="checkbox"/>	Lungs	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	Ear	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Internal Organs	<input type="checkbox"/>	Neck	<input type="checkbox"/>
Arm	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Knee	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>
Back	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Head	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Wrist	<input type="checkbox"/>

Nature of Injury:

Abrasion	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Gunshot Wound	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>
Absorption	<input type="checkbox"/>	Cut	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	Puncture	<input type="checkbox"/>
Amputation	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	Sprain	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	Electrical Shock	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>		
Burn	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Occupation Illness, Latent Effects	<input type="checkbox"/>		

Type PPE (Personal Protective Equipment Required/Used)

	<u>Req</u>	<u>Used</u>		<u>Req</u>	<u>Used</u>		<u>Req</u>	<u>Used</u>		<u>Req</u>	<u>Used</u>
Ear	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>	PFD	<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle Helmet/Eye	<input type="checkbox"/>	<input type="checkbox"/>
Eye	<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle Clothing (PPE)	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	Head	<input type="checkbox"/>	<input type="checkbox"/>				Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other Description: _____								

Days Hospitalized: \_\_\_\_\_ Lost Work Days (NFFD/SIQ): \_\_\_\_\_ Days Restricted (FFLD): \_\_\_\_\_

(Civilians Only) Worker Comp Filed? Y / N

**Property Damage Information:**

\* Property General

Aircraft	<input type="checkbox"/>	Aton	<input type="checkbox"/>	Boats	<input type="checkbox"/>	Buildings	<input type="checkbox"/>	Cutter	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Piers	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>	Other	<input type="checkbox"/>		

\* Property Specific: \_\_\_\_\_

Coast Guard Property Damage:

Operational days lost \_\_\_\_\_

Cost of CG Owned Parts/Materials: \$ \_\_\_\_\_

Number of CG Man Hours to Repair Damage: \$ \_\_\_\_\_

Cost of Commercial Repairs: \$ \_\_\_\_\_

Non-Coast Guard Property Damage Due to CG Operations:

Description: \_\_\_\_\_

Cost of Repairs: \$ \_\_\_\_\_

Coast Guard Auxiliary Facilities Equipment:

Description: \_\_\_\_\_

Cost of Repairs: \$ \_\_\_\_\_

**Motor Vehicle (MV) Information:**

\* Number of Vehicles Involved in Mishap: \_\_\_\_\_

\* Was the Primary Vehicle a: Gov't MV / Private MV \* If GMV Include the Gov't Tag Number: \_\_\_\_\_

Were additional GMV's Involved in the Mishap: Yes | No

Vehicle Type: \_\_\_\_\_ Gov't Tag Number: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Gov't Tag Number: \_\_\_\_\_

**Driver Information:**

\* Driver's Age: \_\_\_\_\_ \* Drivers Gender: Male | Female

\* Did the Driver Use All Required PPE? Yes | No

\* Driver's License Valid? Yes | No

\* Driver Training Completed: \_\_\_\_\_

\* Experience Driving Vehicle Involved in Mishap: Years \_\_\_\_\_ Months \_\_\_\_\_

\* Was the Driver Fatigued? Yes / No

\* Hours of Sleep Last 24 Hrs Preceding Mishap: \_\_\_\_\_

\* Hours of Duty Last 24 Hrs Preceding Mishap: \_\_\_\_\_

\* Hours of Driving Before Mishap: \_\_\_\_\_

\* Drivers Actions at Time of Mishap: \_\_\_\_\_

\* Number of Passengers: \_\_\_\_\_ \* Did All Passengers Use All Required PPE? Yes / No

\* Crash Location (State): \_\_\_\_\_

\* Crash Site: On Roadway | Off Roadway

**Trailing Information:**

\* Type of Trailer: Boat | Other | Utility

\* Weight of Load/Boat Being Towed: \_\_\_\_\_ lbs

\* Tow Vehicle Weight Load Capacity: \_\_\_\_\_ lbs

\* Trailer Weight Load Capacity: \_\_\_\_\_ lbs

Maneuver at Time of Mishap:

\* Highway Driving: Yes | No

\* Launch or Recovery: Yes | No

\* Close Quarters Maneuvering: Yes | No

**Investigator / Reviewers Information:**

\* Investigator's Name: \_\_\_\_\_ \* Phone: \_\_\_\_\_

\* Information required to submit the mishap report into the e-Mishap system