

## CHECKLIST FOR SAFETY STAFF TO USE IN COLLECTING DATA IN THE EVENT OF A MRAP ROLLOVER

**PURPOSE:** Support compliance with DODI 5000.02, Enclosure 12, Para. 6.c and DODI 6055.07, Enclosure 4 Para. 3.b.(9) requiring system Program Office inputs to system mishap investigations

### A. Corresponding Service Safety Center Mishap Report Number

Service \_\_\_\_\_ Mishap Report Number  
\_\_\_\_\_

### B. General Incident Description

1. Date and Time of Rollover: \_\_\_\_\_ 2. Location: \_\_\_\_\_

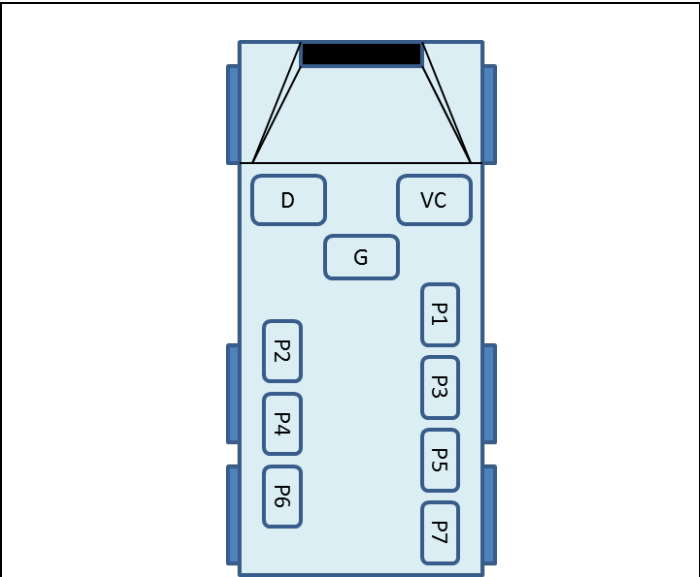
3. Mishap classification (if any): \_\_\_\_\_

4. Rollover Unit Point-of-Contact name, phone, and e-mail address: \_\_\_\_\_  
\_\_\_\_\_

5. General Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of personnel inside the vehicle and the seat locations (Vehicle Commander (VC), Driver (D), Gunner (G), Passengers (P)) of each person at the time of the rollover [Check appropriate boxes in diagram or below]:

- D     VC
- G
- P2     P1
- P4     P3
- P6     P5
- P7



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7. Describe extent and cause of injuries to personnel inside the vehicle (reference personnel by seat location in item #6): \_\_\_\_\_

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8. Extent and cause of injuries (if any) to personnel outside of the vehicle: \_\_\_\_\_

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9. Describe any egress issues encountered by the personnel inside the MRAP during rollover (reference personnel by seat location in item #6): \_\_\_\_\_

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**C. Equipment and PPE**

10. Was a Universal Combat Lock Tool (UCLT) available at the rollover scene (with the vehicle itself or in vehicles accompanying the MRAP that had rollover)?

Yes  No  Unknown

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11. Were the personnel inside the MRAP wearing seatbelts? Answer by seat location.

Vehicle Commander:  Yes  No  Unknown  N/A

Driver:  Yes  No  Unknown

Gunner:  Yes  No  Unknown  N/A

Passenger 1:  Yes  No  Unknown  N/A

Passenger 2:  Yes  No  Unknown  N/A

Passenger 3:  Yes  No  Unknown  N/A

Passenger 4:  Yes  No  Unknown  N/A

Passenger 5:  Yes  No  Unknown  N/A

Passenger 6:  Yes  No  Unknown  N/A

Passenger 7:  Yes  No  Unknown  N/A

12. What other Personal Protective Equipment (PPE) were the occupants using (e.g., helmets, body armor, etc.)?

Vehicle Commander:  N/A  None  Other \_\_\_\_\_

Driver:  None  Other \_\_\_\_\_

Gunner:  N/A  None  Other \_\_\_\_\_

Passenger 1:  N/A  None  Other \_\_\_\_\_

Passenger 2:  N/A  None  Other \_\_\_\_\_

Passenger 3:  N/A  None  Other \_\_\_\_\_

Passenger 4:  N/A  None  Other \_\_\_\_\_

Passenger 5:  N/A  None  Other \_\_\_\_\_

Passenger 6:  N/A  None  Other \_\_\_\_\_

Passenger 7:  N/A  None  Other \_\_\_\_\_

13. Were the following checks completed?

Pre-Operational Checklist provided in the MRAP Stowage Safety Awareness Kit (Safety of Use Alert published 272117Z Nov 12) been completed  Yes  No  Unknown

Preventive Maintenance Checks and Services (PMCS) "Before Operation" items per the variant's Operators Manual  Yes  No  Unknown

**D. MRAP Driver's Status**

14. Driver's License status: \_\_\_\_\_

15. Driver's training history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**F. Vehicle Information**

24. Functional Owner of MRAP (e.g., Security Forces, Office of Special Investigation, EOD, TACP, Red Horse, etc.):

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25. Type of MRAP (e.g., variant-Cougar Cat I, Cougar Cat II, etc.):

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26. MRAP Registration Number (Door or Bumper Number):

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27. MRAP Vehicle Identification Number (VIN):

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**28. MRAP Configuration  
Information**

Please check applicable boxes:

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|--|---|
| <input type="checkbox"/> D-Rings on doors                                | <input type="checkbox"/> Remote Weapon Station (RWS)                  |
| <input type="checkbox"/> Egress lighting                                 | <input type="checkbox"/> Objective Gunner Protection Kit (OGPK)       |
| <input type="checkbox"/> Turret Catcher                                  | <input type="checkbox"/> Improved Turret Drive System (ITDS)          |
| <input type="checkbox"/> 5-point seat belts                              | <input type="checkbox"/> Overhead Protective Cover (OPC)              |
| <input type="checkbox"/> V-windows                                       | <input type="checkbox"/> Gunner's restraint:                          |
| <input type="checkbox"/> Independent Suspension System (ISS)             | <input type="checkbox"/> Gunner's Restraint System (GRS)              |
| <input type="checkbox"/> Universal Combat Lock Tool (UCLT) capable doors | <input type="checkbox"/> GRS with an Improved GRS (IGRS) retrofit kit |
|  | <input type="checkbox"/> IGRS   |
|  | <input type="checkbox"/> Gunner's Protection Package (GPP)            |
|  | <input type="checkbox"/> GAP Kit (Turret and hatch opening padding)   |

29. If there was a turret, was there a gunner in the turret at the time of the rollover?

- Yes  No  Unknown

30. If the gunner was in the turret, did the gunner have a restraint system on?

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Yes  No  Unknown

31. If the gunner was in the turret, was the gunner injured and if so, how? \_\_\_\_\_

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