

Case Number : 202108021060

U.S. Army Mishap Report Case Print

Case Number 202108021060	Category Ground - Weapons/Explosives	Classification Class D	Duty Status On Duty	Source Mishap Report	Total Cost \$1,400				
Date of Mishap 2021/08/02	Time 1001	Period of Day Day	Mission Type Training	Primary Cause Factor (b) (5)	Report Status Final				
Mishap Location Fort Leonard Wood, Missouri, 65473		Country United States	Lat / Long North 37.39.44 / West 92.9.26						
Location Type Range - Outdoor Weapons/Explosive									
Provide a specific description of where the mishap took place Range 14									
Unit: USAMPS 701ST MP BATTALION COMPANY B BOLC TR (W4K81E) , Fort Leonard Wood, Missouri, 65473 Unit Branch: Military Police									
UIC Responsible : W4K81E									
UIC9	UIC8	UIC7	UIC6	UIC5	UIC4	UIC3	UIC2	UIC1	Station
				W4K81E	W4K8ZA	W4K8AA	W0VLFF	W3YTFF	29977
				W4K8 CO B 701ST MP BOLC TR	W4K8 14TH MP BDE	W4K8 USA MILITARY POLICE SCH	W0VL HQ USAEC AND FT L WO	TRADOC	Ft Leonard Wood, MO (29977)
Provide a brief detailed description of the mishap including equipment involved and the extent of injuries and/or damage. (Note: Do not include personally identifiable information such as names or SSNs.) : During initial fire with the M17, SM was to fire tow shots, holster and fire two more shots. After two shots, SM was attempting to holster and fired a round through the top of his foot.									
Mishap Summary : During initial fire with the M17, SM was to fire tow shots, holster and fire two more shots. After two shots, SM was attempting to holster and fired a round through the top of his foot. Fired weapon while attempting to holster.									
Should I Report?									
Potential Mishap:			Injury or Occupational Illness		Most Severe Injury:		Lost Workday Case - Days Away From Work		
Personnel Types: Military									
Mishap Location									
Did the mishap occur on post?			Yes		Is this an Army Recordable Mishap IAW 385-10?			Yes	
Installation/Nearest Installation: Ft Leonard Wood, MO (29977)									
County/Parish: Pulaski									
Mission									
Type of Training: Initial Entry Training									
Was this training conducted to exercise or develop Soldier combat skills/tasks or in conditions designed to replicate a combat/tactical environment?								No	
Conflict									
Did this mishap occur during a conflict or operational contingency? No									

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Events

Event #1

Primary Event

Unintentional Discharge - An event, in which there is no intent to fire, discharge, detonate or release the weapon or explosive. It includes the intentional "trigger pull" with an unexpected discharge (e.g. believes the weapon or explosive is not "loaded") and the unintentional "trigger pull."
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Materiel Listing

Did ammunition or explosive materiel play a causal or contributing role or obtain damage as a result of the mishap? (b) (5)

Materiel #1**Materiel Information****Type of Materiel/Equipment:** Other Small Arms **Model of the Materiel/Equipment:** M17**Materiel / Equipment Ownership:** U.S. Government **Government Agency:** Army **Army Component:** Regular Army**Describe Type:** 9mm Pistol**Was the owning unit also most responsible for the mishap?** Yes**Was this Materiel/Equipment associated with an injury?** Yes**Damage****Extent of Materiel/Equipment Damage:** No Damage**Component/Part Failure****Did a Component/Part Failure for this Materiel/Equipment item cause or contribute to the mishap?** (b) (5)**Other Damage Listing****Was there other damage associated with this mishap?** No**Fire****Was there a fire associated with this mishap?** No**Hazardous Material****Was there Hazardous Material (HAZMAT) present at mishap?** No**Personnel Listing****Personnel #1****Personnel Information****DoD CAC ID#:** (b) (6) **Name:** (b) (6) **DOB:** (b) (6) **Age:** (b) (6) **Gender:** (b) (6)**Role:** Directly/Physically Involved **Did this person suffer an injury or occupational illness?** Yes**Employment Information****Employment Status/ Personnel Classification:** National Guard - Active Duty for Training**Duty Status:** On Duty TDY **Flight Status:** No**Pay Grade:** (b) (6) **Date Hired/Initial Enlisted Date:** (b) (6)**MOS/Civilian Job Series:** 31A - Military Police Officer**Personnel Assigned UIC:** W4K81E **Duty/Deployed UIC:** W4K81E**Unit/Personnel Address:** (b) (6) Fort Leonard Wood, Missouri, 65473 **Country:** United States **Phone Number:** (b) (6)

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Duty Location (includes deployed location):	Fort Leonard Wood, Missouri, 65473	Country:	United States
Injury/Occupational Illness			
Injury/Occupational Illness Severity:	Workday Of Restricted Activity		
Injury/Occupational Illness Cause:	Gunshot		
Injury #1			
Injury/Illness Type:	Wounds (Laceration/Cut/Puncture)	Body Part:	Foot
Treatment			
Was personnel treated in Emergency Room?	Yes	Days Hospitalized:	0
Days In Quarters/Convalescence Leave:	0	Days Restricted Duty:	30
Work Days Lost:	0	Injury Cost:	1400
Treatment Facility			
Medical Treatment Facility Type:	Military		
Facility Name:	General Leonard Wood Community Hospital		
Facility Address:	Fort Leonard Wood, Missouri	Country:	United States
Drugs			
Did drug use by this individual cause or contribute to the mishap?	(b) (5)		
Alcohol			
Did Alcohol use by this individual cause or contribute to the mishap?	(b) (5)		
Night Vision Device			
Was a Night Vision Device (NVD) in use?	No		
Activity/Fatigue Factors			
Activity			
What was the activity the person was participating in at the time of the mishap?	Firing/Discharging/Launching/Throwing		
Provide a description of the activity/task this individual was doing at the time of the mishap:			
String of fire included shooting 2 rounds, holstering and then repeating.			
Fatigue Factors			
Hours Slept in Last 24 Hours:	7	Hours Awake Prior to Mishap:	9
		Time Work Began (24hr):	0645
Number of continuous hours this individual was on duty before the mishap:		8	
Mistake/Task Errors			
Did the individual make a mistake/task error?	(b) (5)		
Mistake/Task Error #1			
Mistake/task error this individual made:	(b) (5)		
Describe how the task/activity was performed incorrectly:			
(b) (5)			
Did this mistake/task error cause or contribute to the mishap or to the mishap's severity of injury or damage?			
(b) (5)			

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Personal Protective Equipment

Were there any Personal Protective Equipment (PPE) issues associated with this individual worthy of inclusion in this mishap report? No

Training

Was this individual trained on the specific equipment and mission? Yes

Training #1

How was the individual trained? Formal/Classroom Training

License/Certification/Qualification

Was the individual licensed/certified/qualified on the equipment /weapons? Not Applicable

Was the individual licensed/certified/qualified on the activity? Not Applicable

Were there any additional state or federal licenses required for this activity? No

Was the individual part of a qualified crew on the weapons? Unknown

Point of Contact (POC) / Responsible Safety Officer (RSO)

SNo	Name	Pay Grade / Rank	Position / Title	Role	DSN Phone Number	Commercial Phone Number
1			(b) (6)			
2			(b) (6)			

Personnel and Materiel Association**Personnel and Materiel Association #1**

Name: (b) (6) Role: Directly/Physically Involved

Activity/Duty Position: Firing/Discharging/Launching/Throwing Materiel: Other Small Arms, 9mm Pistol, M17

Environmental Conditions**Environment**

Were there any environmental conditions that had an impact on this mishap? (b)(5)

Findings & Recommendations

Primary Cause Factor: (b) (5)

Do you want to enter Findings and Recommendations or Factor(s) only? Factor(s) Only

Factor 1 - Role (b) (5)

Factor Role: (b) (5) Factor: (b) (5)

Would you like to enter HFACS, Unsafe Acts and System Inadequacies? No

Factor 2 - Role (b) (5)

Factor Role: (b) (5) Factor: (b) (5)

Would you like to enter HFACS, Unsafe Acts and System Inadequacies? Yes

HFACS: I have not determined Unsafe Act and System Inadequacy nano codes for this mishap, and want to proceed through the HFACS tool to determine appropriate nano codes.

Factor 2 - (b) (5)

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Personnel Involved:	(b) (6)
Did the individual make a performance-based error?	(b) (5)
(b)(5) :	(b) (5)
Factor 2 - (b)(5)	
(b)(5)	(b) (5)
Explanation:	(b) (5)

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Reviewers			
Last Name, First Name:	(b) (6)	Role: Mishap Reviewer	Concur
Rank/Grade:	(b) (6)	Position/Title (For example, Sr. Maint. Tech): (b) (6)	
Unit/Organization:	MSCoE Safety Office		(b) (6)
Email address:	(b) (6)	Phone Number: DSN: COM: (b) (6)	