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) (3)
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 W3YTF W3YTF W2997
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
## Events

<table>
<thead>
<tr>
<th>Event #1</th>
</tr>
</thead>
</table>

### 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.”
Materiel Listing

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

<table>
<thead>
<tr>
<th>Materiel #1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materiel Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Materiel/Equipment:</strong> Other Small Arms</td>
<td><strong>Model of the Materiel/Equipment:</strong> M17</td>
</tr>
<tr>
<td><strong>Materiel / Equipment Ownership:</strong> U.S. Government</td>
<td><strong>Government Agency:</strong> Army</td>
</tr>
<tr>
<td><strong>Describe Type:</strong> 9mm Pistol</td>
<td></td>
</tr>
<tr>
<td><strong>Was the owning unit also most responsible for the injury?</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Was this Materiel/Equipment associated with an injury?</strong> Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Damage**

<table>
<thead>
<tr>
<th>Extent of Materiel/Equipment Damage:</th>
<th>No Damage</th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th>Personnel #1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DoD CAC ID#:</strong> (b) (6)</td>
<td><strong>Name:</strong> [redacted]</td>
</tr>
<tr>
<td><strong>Role:</strong> Directly/Physically Involved</td>
<td><strong>Did this person suffer an injury or occupational illness?</strong> Yes</td>
</tr>
</tbody>
</table>

**Employment Information**

<table>
<thead>
<tr>
<th>Employment Status/Personnel Classification:</th>
<th>National Guard - Active Duty for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duty Status:</strong></td>
<td>On Duty TDY</td>
</tr>
<tr>
<td><strong>Flight Status:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Pay Grade:</strong> (b) (6)</td>
<td><strong>Date Hired/Initial Enlisted Date:</strong> (b) (6)</td>
</tr>
<tr>
<td><strong>MOS/Civilian Job Series:</strong></td>
<td>31A - Military Police Officer</td>
</tr>
<tr>
<td><strong>Personnel Assigned UIC:</strong></td>
<td>W4K81E</td>
</tr>
<tr>
<td><strong>Duty/Deployed UIC:</strong></td>
<td>W4K81E</td>
</tr>
<tr>
<td><strong>Unit/Personnel Address:</strong> Fort Leonard Wood, Missouri, 65473</td>
<td><strong>Country:</strong> United States</td>
</tr>
</tbody>
</table>

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*protected by the Privacy Act of 1974*
**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**

**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)
### 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)

<table>
<thead>
<tr>
<th>SNo</th>
<th>Name</th>
<th>Pay Grade / Rank</th>
<th>Position / Title</th>
<th>Role</th>
<th>DSN Phone Number</th>
<th>Commercial Phone Number</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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### 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)**
<table>
<thead>
<tr>
<th>Personnel Involved:</th>
<th>(b) (6)</th>
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</thead>
<tbody>
<tr>
<td>Did the individual make a performance-based error?</td>
<td>(b)(5)</td>
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<tr>
<td>(b)(5)</td>
<td>(b)(5)</td>
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<tr>
<td>Factor 2 - (b)(5)</td>
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<tr>
<td>(b)(5)</td>
<td>(b)(5)</td>
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<tr>
<td>Explanation:</td>
<td>(b)(5)</td>
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<tr>
<td>Last Name, First Name:</td>
<td>(b) (6)</td>
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<tr>
<td>Rank/Grade:</td>
<td>(b) (6)</td>
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<tr>
<td>Unit/Organization:</td>
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<tr>
<td>Email address:</td>
<td>(b) (6)</td>
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