

Case Number : 202202041021

U.S. Army Mishap Report Case Print

Case Number 202202041021	Category Ground - Weapons/Explosives	Classification Class C	Duty Status On Duty	Source Mishap Report	Total Cost \$18,800				
Date of Mishap 2022/02/04	Time 2030	Period of Day Night	Mission Type Routine	Primary Cause Factor (b) (5)	Report Status Final				
Mishap Location (b) (6), Fort Belvoir, Virginia, 22060		Country United States	Lat / Long North 38.42.36 / West 77.9.35						
Location Type Family Housing									
Provide a specific description of where the mishap took place On post resident, (b) (6), Fort Belvoir, VA 22060									
Unit: US ARMY PROTECTIVE SERVICE BATTALION CID (W6LHAA), Fort Belvoir, Virginia, 22060 Unit Branch: Not Available									
UIC Responsible : W6LHAA									
UIC9	UIC8	UIC7	UIC6	UIC5	UIC4	UIC3	UIC2	UIC1	Station
						W6LHAA	W4VKAA	W3KPAA	51062
						W6LH USA PROTECTIVE SVC BN	W4VK HHD 701ST MP GRP CID	USACIDC	Ft Belvoir, VA (51062)
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.) : Event: About 2030, 4 Feb 22, SM contacted his OIC, SA, Team 1, relating he had a (b) (5) discharge, M18, in his residence while preparing himself for mid-shift that night. (SM was scheduled to work mid-shift which has a schedule report time of 2100 @ PSB). A few moments later SM contacted the SA back relating he thinks he accidentally shot himself in the knee and contacted Emergency Services for assistance. Actions Taken: SM was transported to Inova Fairfax Hospital, Falls Church, VA by EMS where it was determined SM had a penetrating gunshot wound and the projectile was still lodged in his knee. He is otherwise in stable condition (b) (6). Additional Information: All other family are safe. (b) (6). His service weapon is currently in possession of the Fort Belvoir DES.									
Mishap Summary : (b) (6) (b) (5) discharged his service weapon while preparing to go on shift.									
Mishap Location									
Did the mishap occur on post? Yes					Is this an Army Recordable Mishap IAW 385-10? Yes				
Installation/Nearest Installation: Ft Belvoir, VA (51062)									
Conflict									
Did this mishap occur during a conflict or operational contingency? No									
Events									
Event #1									
Primary Event									

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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 Pistol/Revolver	Model of the Materiel/Equipment:	M18 Sig Sauer 9mm		
Materiel / Equipment Ownership:	U.S. Government	Government Agency:	Army	Army Component:	Regular Army
Describe Type:	M18 Sig Sauer				
Owning UIC:	W6LHAA	Was the owning unit also most responsible for the mishap?	No		
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)
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Role:	Directly/Physically Involved	Did this person suffer an injury or occupational illness?	Yes
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Employment Information

Employment Status/ Personnel Classification:	Army - Active		
Duty Status:	On Duty Non-TDY	Flight Status:	Not Applicable/Unknown
Pay Grade:	(b) (6)	Date Hired/Initial Enlisted Date:	(b) (6)
MOS/Civilian Job Series:	31B - Military Police		
Personnel Assigned UIC:	W6LHAA	Duty/Deployed UIC:	W6LHAA

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Unit/Personnel Address:	(b) (6), Fort Belvoir, Virginia, 22060	Country:	United States	Phone Number:	(b) (6)
Duty Location (includes deployed location):	Fort Belvoir, Virginia, 22060	Country:	United States		
Injury/Occupational Illness					
Injury/Occupational Illness Severity:	Lost Workday Case - Days Away From Work				
Injury/Occupational Illness Cause:	Gunshot				
Injury #1					
Injury/Illness Type:	Wounds (Laceration/Cut/Puncture)	Body Part:	Knee		
Treatment					
Was personnel treated in Emergency Room?	Yes	Days Hospitalized:	2		
Days In Quarters/Convalescence Leave:	TBD	Days Restricted Duty:	TBD		
Work Days Lost:	2	Injury Cost:	18800		
Treatment Facility					
Medical Treatment Facility Type:	Civilian				
Facility Name:	INOVA Hospital				
Facility Address:	3300 Gallows Road, Falls Church, Virginia, 22042	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?	Handling (Non-firing, Carrying/Transport)				
Provide a description of the activity/task this individual was doing at the time of the mishap:					
About 2030, 4 Feb 22, (b) (6) contacted his OIC, (b) (6), Team 1, relating he had a (b) (5) discharge in his residence while preparing himself for mid-shift that night. (b) (6) was scheduled to work mid-shift which has a schedule report time of 2100 @ PSB). A few moments later (b) (6) contacted (b) (6) back relating he thinks he accidentally shot himself in the knee and contacted Emergency Services for assistance.					
Fatigue Factors					
Hours Slept in Last 24 Hours:	8	Hours Awake Prior to Mishap:	12	Time Work Began (24hr):	2030
Number of continuous hours this individual was on duty before the mishap:				0	
Mistake/Task Errors					
Did the individual make a mistake/task error?	(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? On the Job Training

License/Certification/Qualification

Was the individual licensed/certified/qualified on the equipment /weapons? Yes Date licensed/certified/qualified on the equipment /weapons: (b) (6)

Was the individual licensed/certified/qualified on the activity? Yes Date licensed/certified/qualified on the activity: (b) (6)

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: Handling (Non-firing, Carrying/Transport) Materiel: Other Pistol/Revolver,M18 Sig Sauer,M18 Sig Sauer 9mm

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

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

Concur

(b) (6)

(b)(5)

Concur with
Comment: