

MARINE CORPS MARTIAL ARTS MISHAP REPORT					
COMMAND INFORMATION		DATE/TIME OF MISHAP:		MAI/T Supervising Training:	
Total Number of injuries/fatalities:		UNIT:		NAME:	
Rank:	MAI/T CERTIFICATION DATE:		CONTACT INFO:		
PERSONAL INFORMATION OF MARINE INVOLVED IN MISHAP					
RANK:	MOS	AGE	SEX	JOB TITLE:	CURRENT BELT LEVEL:
MISHAP INFORMATION			Base: <input type="checkbox"/> ON <input type="checkbox"/> OFF		
GENERAL AREA:					
SPECIFIC LOCATION:					
ENVIRONMENTAL CONDITIONS:					
GROUND CONDITIONS:					
GENERAL ACTIVITY:					
SPECIFIC ACTIVITY:					
TYPE OF INJURY:					
BODY PART:					
MISHAP CLASS (Ref MCO P5102.12B)			*Check all that Apply*		
A: 1. Fatality <input type="checkbox"/>		2. Permanent Total Disability <input type="checkbox"/>		3. Property damage of \$1,000,000 or more <input type="checkbox"/>	
B: 4. Permanent Partial Disability <input type="checkbox"/>		5. Hospitalization (3 or more personnel <input type="checkbox"/>		6. Property damage of \$2,000,000 to \$999,999 <input type="checkbox"/>	
C: 7. Lost time (How much)		8. Property damage of \$20K to \$199,999 <input type="checkbox"/>		9. No Lost Time <input type="checkbox"/>	
10. First Aid Case <input type="checkbox"/>		11. Property damage of \$200,000 to \$19,999 <input type="checkbox"/>			
12. Was a certified MAI/T supervising training at time of mishap? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Was the injury sustained during Command approved MCMAP training? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MCMAP CLASSIFICATION			*Check all that Apply*		
		1. TECHNIQUE TRAINING <input type="checkbox"/>		4. FREE SPARRING <input type="checkbox"/>	
		2. EDIP <input type="checkbox"/>		<input type="checkbox"/> STANDING <input type="checkbox"/> GROUND	
		3. SUSTAINMENT <input type="checkbox"/>		<input type="checkbox"/> PUGIL STICKS <input type="checkbox"/> WEAPONS	
COMBAT		1. MARTIAL ARTS DRILL (E.G. LZ DRILL) <input type="checkbox"/>		4. FIELD DRILL <input type="checkbox"/>	
CONDITIONING/DRILLS		2. MARTIAL ARTS PHYSICAL INTEGRATION TRAINING <input type="checkbox"/>			
		3. DEPLOYED DRILL <input type="checkbox"/>			
PROTECTIVE EQUIPMENT USED					
DESCRIPTION:					

LOST WORK DAYS		
Hospital Days:		
SIQ Days:		
Light Duty Days:		
SUMMARY INFORMATION *Detailed Statement of What happened*		
INJURY TRENDS/HAZARD REPORT: <input type="checkbox"/> Yes <input type="checkbox"/> No		
WESS Report # (If applicable):		
UNIT SAFETY REPRESENTATIVE		
RANK/NAME:		
PHONE NUMBER:		
SIGNATURE OF INSTRUCTOR / INSTRUCTOR TRAINER:		DATE
SIGNATURE OF UNIT SAFETY REPRESENTATIVE		DATE
DISTRIBUTION: (1) ORIGINAL TO UNIT SAFETY OFFICER	(2) INSTRUCTOR CONDUCTING TRAINING	(3) TECOM.MCMAP.SUPPORT@USMC.MIL (MACE, TRNGCMD)