

EXPLOSIVE ORDNANCE INCIDENT REPORT For use of this form, see PAM 27-162; the proponent agency is OTJAG.		1. UNIT NUMBER	2. CONTROL NUMBER	3. UNUSUAL <input type="checkbox"/>
				4. ROUTINE <input type="checkbox"/>
SECTION A: INITIAL INFORMATION				
5. DATE/TIME REPORTED	9. INCIDENT LOCATION		11. ITEM(S) REPORTED	
6. REPORTED BY				
7. PHONE NUMBER	10. POINT OF CONTACT			
8. ADDRESS				
SECTION B: ACTION BY EOD				
12. PERSONNEL DISPATCHED	13. DATE/TIME A. DPRT		14. TRAVEL DATA A. AIR: FLYING TIME	15. WORK HOURS A. TRAVEL
	B. ARR		B. VEH: MILEAGE	B. INCIDENT
	C. COMPL			
16. CONFIRMED IDENTIFICATION		17. DISPOSITION		
18. INCIDENT NARRATIVE (INCLUDE ALL SIGNIFICANT DETAILS AND PROBLEMS)				
SECTION C: AUTHENTICATION				
19. NAME AND GRADE AND SIGNATURE OF UNIT COMMANDER		20. TELEPHONE NO.	21. DATE (YYYYMMDD)	