



Safety Gram

Protecting Resources Through Better Risk Management

Safety Division's Monthly *Safety Gram* is provided to senior leaders to maintain awareness of mishap trends that directly affect the operational readiness of the Corps. This information should also be disseminated at every level of your command to assist high-risk Marines and Sailors in understanding the impact of the decisions they make every day both on and off-duty.

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December 2014 - January 2015: Mishap Summary

The Mishaps below occurred throughout the USMC from 1 November to 31 December 2014, causing serious injury or death to Marines, and/or damage to equipment.

7 November 2014. SNO was the acting OOD and driving the duty vehicle when it was struck by the suspect on base coming out of the Regimental parking lot. SNO was pronounced deceased while en route to a medical treatment facility. The suspect failed the field sobriety test following the accident.

7 November 2014. During a unit PT run, SNO collapsed and required CPR. SNO was transported to hospital and was subsequently pronounced deceased.

7 November 2014. SNM was riding a motorcycle and allegedly "lane splitting" when SNM hit the side of a vehicle, crashing into the rear of a semi-trailer. SNM was thrown off the motorcycle under the truck and pronounced deceased at the scene.

20 November 2014. SNM was involved in motor vehicle accident and sustained head and back injuries, a ruptured spleen, and a loss of movement in the lower extremities. SNM is currently paralyzed from the chest down.

26 November 2014. SNM was driving a 7-Ton truck that was involved in a head on collision with a Japanese POV containing two Japanese nationals. One Japanese national was killed and the other was evacuated to a local hospital, status unknown. Both Marines in the truck were uninjured.

3 December 2014. Marines were involved in a MTRV rollover. The driver was uninjured, but went to a hospital facility as a precaution. The A-driver was ejected from the MTRV and sustained a broken pelvis but is in stable condition. Damages to the vehicle and the principle end items being transported in quadcons are in excess of \$400,000. The vehicle was also carrying over \$750,000 worth of secondary repairables that are still having damages assessed.

13 December 2014. SNM was operating his POV when the vehicle rolled over resulting in his death. The accident is under investigation.

20 December 2014. A Marine sustained head and face injuries after striking a light pole while riding a motorcycle. SNM was transported to a nearby hospital and pronounced dead.

28 December 2014. SNM died in a motorcycle accident.

CMC(SD) Ground Branch Reporting on January 2015

Happy New Year to all Marines and Sailors serving our nation around the globe. As we look forward to the challenges and opportunities of 2015, I would like to take a minute to reflect on the five brothers we lost due to mishaps over the holiday period.

Each Marine killed was performing the everyday task of driving a vehicle or riding a motorcycle. In the first 90 days of FY-15 we have already lost nearly half the number of Marines killed in vehicle mishaps as in FY-14 and caused over \$1 million in damage to equipment. The hazards on the road are responsible for the loss of more Marines than all our training and combat operations combined. Continue to make smart decisions and be careful on the road. 2015 is likely to be another busy year of training and operations. To assist you in successfully completing these missions with minimal losses of

FY-15 Preventable Mishaps	
FATALITIES (19)	
Ops/Trng	3
PMV-4	9
Motorcycle	5
RODs	0
PT	1
Pedestrian	1
PERMANENTLY DISABLED (4)	
Total	1
Partial	3

equipment and manpower, HQMC has published a revised risk management policy to provide you with better training and risk assessment tools. The new order MCO 3500.27C, can be found at: <http://www.marines.mil/News/Publications/ELECTRONICLIBRARY/ElectronicLibraryDisplay/tabid/13082/Article/172569/mco-350027c>.

Other tools available to all Marines to identify, assess, and manage risks include:

- Vehicle Safety – Travel Risk Planning System (TRiPS): https://trips.safety.army.mil/TRiPS_OfflineAssessmentForm.pdf (CAC enabled)
- Tactical Safety – Ground Risk Assessment Tool (GRAT): <https://grat.safety.army.mil/GRAT/EntryLogin.aspx> (AKO acct required)
- Lessons Learned – https://www.mccl.usmc.mil/index.cfm?disp=COPS/COP_View.cfm&ssiteid=304 (CAC enabled)

As we must be ready to respond when our nation calls, remember that the readiness of every Marine and piece of equipment is critical to our ability to respond to crisis. Focus on the decisions we make every day and how our actions and those of our fellow Marines can support or degrade our mission readiness.



New OSHA Reporting Requirements

Effective as of 1 January 2015

Beginning January 1, 2015, there will be a change to what covered employers are required to report to the Occupational Safety and Health Administration. Commanders, commanding officers, and officers-in-charge are now required to report all work-related fatalities within eight hours and all in-patient hospitalizations, amputations*, and losses of an eye within 24 hours of finding out about the incident. These reports are to be submitted to OSHA and the Department of the Navy within that time frame. Previously, employers were required to report all workplace fatalities and when three or more workers were hospitalized in the same incident, but not individual instances.

The following information should be provided to OSHA/DON when reporting any of the above-listed incidents:

1. Command Name
2. Location of incident
3. Time of work-related incident
4. Type of incident
5. Number of employees who were affected
6. Names of affected employees

7. Appropriate POC, including phone number
8. Brief description of the incident

Commanders, commanding officers, and officers-in-charge have three options for reporting these severe incidents to OSHA. They can call their nearest area office during normal business hours, call the 24-hour OSHA hotline at 1-800-321-OSHA (1-800-321-6742), or they can report online at www.osha.gov/report_online.

For more information, refer to **GENADMIN 221745Z DEC 14** or contact your local safety office.

**OSHA defines an amputation as the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or an appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputations of body parts that have since been reattached.*

The Importance of Active Awareness

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During an early morning bicycle commute along a dark and seemingly lonely road, I realized I was only looking out for specific hazards and missing others. I was making sure there wasn't a car about to hit me, but wasn't making sure I wasn't going to hit a pedestrian, a pot hole, or another cyclist. As an Aerospace and Operational Physiologist, I am well-versed in attention management and understand the capabilities and limitations of the brain, but as a human, my consciousness does not always apply what is filed away in my brain. This article is a reminder to all of us humans about how our brains process information to identify and respond to hazards.

The roads we travel present a complex system with multiple moving parts. Vehicles travel within a wide range of speeds over a number of routes and lanes. To help navigate this system, the brain makes some quick, preconscious calculations and uses expectations and predictions to quickly act or react. Based on our experiences we may have slightly different expectations, but a basic example follows. When we see brake lights a few cars ahead of us, we have the expectation that we need to slow down soon.

Another expectation is that drivers will continue along at their current speed, in their current lane. A turn signal or Work Area Ahead sign could change our expectation, allowing us to prepare to make room in our lane or slow down, as appropriate.

While these expectations sound like great things, they could easily be called "assumptions." Assumptions are as likely to help as they are to hurt at times. An inaccurate assumption that the vehicle in the lane next to you will continue at current speed, allowing you to change lanes in front of it, could lead to a close call or crash. The outcome depends on when you recognize the flawed assumption. Our visual system is amazing. We can sense the barest amount of

light, we can see fine detail, and we can quickly pick up on movement. To ensure we avoid false assumptions, we have to properly attend to the visual information presented to us and understand the limitations.



We can only see where and what we look at. If we don't check our blind spots, we can't see if there is a vehicle there. If we aren't paying attention, even if we do look, we may not see. I have seen the second scenario a lot recently, in myself and others. I have looked both ways at an intersection, confirmed there were no cars, then suddenly saw a cyclist crossing in front of me as I started to go. I have stood at the cross walk next to a car preparing to turn right (across my cross walk). When the light changed and the walk sign illuminated, it was a good thing I did not start walking. Since I was standing at the crosswalk entrance and wearing my nighttime running ensemble of reflective clothing and flashing lights, I could have easily assumed that the driver saw me as she approached the intersection. Having made the same mistake myself the previous night, I instead assumed the driver did not see me and would not check for pedestrians before driving through the crosswalk.

Bottom line: Trust no one on the road and be wary of trusting your own expectations.

