

The Safety Corner

From the Marine Corps Center for Lessons Learned

January 2011

This Issue Highlights
"Influenza"



MARINE CORPS CENTER FOR LESSONS LEARNED

**STRENGTH
THROUGH
EXPERIENCE**



JANUARY 2011

Marine Corps Center for Lessons Learned Safety Corner

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Combating The Influenza Virus

The flu is a contagious respiratory illness caused by influenza viruses. Annual outbreaks of the seasonal flu usually occur during the late fall through early spring. It can cause mild to severe illness, and at times lead to death. In a typical year, approximately 5 to 20 percent of the population gets the seasonal flu. Flu-related deaths range from 3,300 to 48,600 (average 23,600). The best way to minimize the flu is by getting a flu vaccine each year. The 2010-2011 vaccine incorporates the 2009 H1N1 pandemic strain as one of the three seasonal influenza components.

In August 2010, the World Health Organization (WHO) declared an end to the 2009 H1N1 pandemic (only the fourth influenza pandemic since 1900). Global preparedness efforts and swift public health responses resulted in rapid detection and extensive vaccination coverage. The 2009 H1N1 virus continues to circulate with other seasonal influenza viruses and is part of the 2010-2011 flu vaccine.

MARADMIN 571/10 signed on 10 October 2010 provides guidance to active and reserve components for implementing the 2010-2011 influenza vaccination program. Vaccination is the primary method to reduce risk and strengthen the force immunity, to prevent adverse operational consequences of influenza.

[Holiday Message From The Commandant](#)

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[What safety topics would you like to see in the next edition of the MCCLL Safety Corner?](#)



1. A flu vaccine can't give you the flu. True/False
2. The "stomach flu" and influenza are the same thing. True/False
3. Getting a flu vaccine in December or later is not too late. True/False
4. Flu viruses change constantly which requires a new flu vaccine to be produced each year. True/False
5. Washing your hands is the best thing you can do to protect against the flu. True/False
6. The flu vaccine protects against three strains of flu. True/False
7. The flu is typically spread through coughs and/or sneezes. True/False
8. The flu is not a serious illness. True/False
9. The flu vaccine is available as a shot or a nasal spray. True/False
10. You can spread the flu to others before you have symptoms. True/False

[Answers on page 5](#)

The Flu Vaccination

When to get vaccinated against the seasonal flu:

Yearly flu vaccination should begin as soon as vaccine is available, usually August or September, and continue throughout the flu season which can last as late as May. This is because the timing and duration of flu seasons vary. While flu season can begin as early as October, most of the time seasonal flu activity peaks in January or later.

The seasonal flu vaccine protects against the three influenza viruses that research suggests will be most common. The 2010-2011 flu vaccine will protect against 2009 H1N1, and two other influenza viruses (an H3N2 virus and an influenza B virus).



About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses.

The "flu shot" – an inactivated vaccine (containing killed virus) that is given with a needle. The seasonal flu shot is approved for use in people 6 months of age and older, including healthy people, people with chronic medical conditions and pregnant women.

The nasal-spray flu vaccine – a vaccine made with live, weakened flu viruses that do **NOT** cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy* people 2-49 years of age who are not pregnant.

While flu season can begin as early as October, most of the time seasonal flu activity peaks in January or later.

PowerPoint Briefs: [Myths and Misconceptions of the 2009 H1N1 Pandemic](#)
[H1N1 Risk and Crisis Communication: Successes and Challenges](#)

Flyers/Brochures: [Printable Resources from Flu.gov](#)

Flu Symptoms

The symptoms for all flu are similar:

- ◆ Fever (usually high)* or feeling feverish/chills
- ◆ Coughing and/or sore throat
- ◆ Runny or stuffy nose
- ◆ Headaches and/or body aches
- ◆ Chills
- ◆ Fatigue



Some people may have vomiting and diarrhea, though this is more common in children than adults. Having these symptoms does not always mean that you have the flu. Many different illnesses, including the common cold, can have similar symptoms.

** It's important to note that not everyone with flu will have a fever.*

If you have been diagnosed with flu, you should stay home, follow your doctor's orders, and watch for signs that you need immediate medical attention.

- ◆ The Centers for Disease Control and Prevention (CDC) recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other things you have to do and no one else can do for you.
- ◆ Avoid close contact with others, especially those who might easily get the flu, such as people age 65 years and older, people of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, young children, and infants.
- ◆ Clean hands with soap and water or an alcohol-based hand rub often, especially after using tissues or coughing/sneezing into your hands.
- ◆ Cover coughs and sneezes.
- ◆ Drink clear fluids such as water, broth, sports drinks, or electrolyte beverages made for infants to prevent becoming dehydrated.
- ◆ Get plenty of rest.



Seek medical attention immediately if you:

- ◆ Have difficulty breathing or shortness of breath
- ◆ Experience pain or pressure in the chest or abdomen
- ◆ Have sudden dizziness
- ◆ Become confused
- ◆ Have severe or persistent vomiting
- ◆ Experience flu-like symptoms that improve but then return with fever and worse cough

Caring For A Sick Person

Caring for a Sick Person at Home

If you are taking care of someone at home who has flu, you should protect yourself and other people in the household.

- ◆ Avoid being face-to-face with the sick person.
- ◆ When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
- ◆ If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable.
- ◆ Ask the person's health care provider about any special care that might be needed, especially if the person is pregnant or has a health condition such as diabetes, heart disease, asthma, or emphysema.
- ◆ Ask the patient's health care provider whether the patient or you, as the caregiver, should take antiviral medications.
- ◆ Keep the sick person away from other people as much as possible, especially others who are at high risk of complications from influenza.
- ◆ Make sure everyone in the household cleans their hands often, using soap and water or an alcohol-based hand rub.

Ask your healthcare provider if household contacts of the sick person, particularly those contacts who may have chronic health conditions should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent getting the flu.

Get medical care right away if the patient:

- ◆ Has difficulty breathing or chest pain
- ◆ Has purple or blue discoloration of the lips
- ◆ Is vomiting and unable to keep liquids down
- ◆ Shows signs of dehydration, such as feeling dizzy when standing, being unable to urinate, or (in infants) crying without shedding tears
- ◆ Has seizures (for example, uncontrolled convulsions), or is less responsive than normal or becomes confused.

Misconceptions About Seasonal Influenza And Influenza Vaccines

Misconceptions About The Flu Shots

Can a flu shot give you the flu?

No, a flu shot cannot cause flu illness. The influenza viruses contained in a flu shot are inactivated (killed), which means they cannot cause infection. Flu vaccine manufacturers kill the viruses used in the vaccine during the process of making the vaccine, and batches of flu vaccine are tested to make sure they are safe. In randomized, blinded studies, where some people get flu shots and others get salt-water shots, the only differences in symptoms were increased soreness in the arm and redness at the injection site among people who got the flu shot. There were no differences in terms of body aches, fever, cough, runny nose or sore throat.

(continued)

MYTHS vs FACTS

Straight talk about the flu & you.

Why do some people not feel well after getting the seasonal flu shot?

The most common side effect of seasonal flu shots in adults has been soreness at the spot where the shot was given, which usually lasts less than two days. The soreness is often caused by a person's immune system making protective antibodies to the killed viruses in the vaccine. These antibodies are what allow the body to fight against flu. The needle stick may also cause some soreness at the injection site. According to the Advisory Committee on Immunization Practices (ACIP), rare symptoms include fever, muscle pain, and feelings of discomfort or weakness. If these problems occur, they are very uncommon and usually begin soon after the shot and last 1-2 days.

sory Committee on Immunization Practices (ACIP), rare symptoms include fever, muscle pain, and feelings of discomfort or weakness. If these problems occur, they are very uncommon and usually begin soon after the shot and last 1-2 days.

What about people who get a seasonal flu vaccine and still get sick with flu-like symptoms?

There are several reasons why someone might get flu-like symptoms even after they have been vaccinated against the seasonal flu.

1. People may be exposed to one of the influenza viruses in the vaccine shortly before getting vaccinated or during the two-week period that it takes the body to gain protection after getting vaccinated. This exposure may result in a person becoming ill with the flu before protection from the vaccine takes effect.
2. People may become ill from non-flu viruses that circulate during the flu season, which can also cause flu-like symptoms (such as rhinovirus). Flu vaccine will not protect people from respiratory illness that is not caused by flu viruses.
3. A person may be exposed to an influenza virus that is very different from the viruses included in the vaccine. The ability of a flu vaccine to protect a person depends largely on the similarity or "match" between the viruses or virus in the vaccine and those in circulation. There are many different influenza viruses. For more information, see [Influenza \(Flu\) Viruses](#).
4. Unfortunately, some people can remain unprotected from the flu despite getting the vaccine. This is more likely to occur among people that have weakened immune systems or the elderly. However, even among these people, a flu vaccine can still help prevent complications. For more information about the effectiveness of the seasonal flu vaccine, see [How Well Does the Seasonal Flu Vaccine Work?](#)

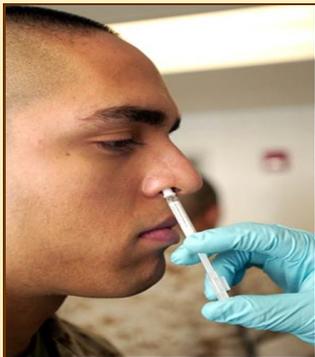
Seasonal influenza vaccine provides the best protection available from seasonal flu, even when the vaccine does not exactly match circulating seasonal flu strains and even when the person getting the vaccine has a weakened immune system. Vaccination can lessen illness severity and is particularly important for people at high risk for serious flu-related complications and close contacts of high-risk people. Children younger than 6 months old are the pediatric group at highest risk of influenza complications, but they are too young to get a flu vaccine. The best way to protect young children is to make sure members of their household and their caregivers are vaccinated.

Does getting vaccinated against seasonal flu early in the season pose a risk that immunity may wane before the end of the season?

No. Seasonal flu vaccination provides protection against the influenza strains contained in the vaccine through one influenza season. Vaccination can begin as soon as vaccine is available. So [except for some children](#), only one dose of vaccine is needed.

Can vaccinating someone twice provide added immunity?

Studies have not demonstrated a benefit of receiving more than one dose during an influenza season, even among elderly persons with weakened immune systems. Except for some children, only one dose of flu vaccine is recommended each season.



Misconceptions about the nasal spray flu vaccine

Can a nasal spray flu vaccine give you the flu?

Unlike the flu shot, the nasal spray flu vaccine does contain live viruses. However, the viruses are attenuated (weakened) and cannot cause flu illness. The weakened viruses are cold-adapted, which means they are designed to only cause infection at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist. Some children and young adults 2-17 years of age have reported experiencing mild reactions after receiving nasal spray flu vaccine, including runny nose, nasal congestion or cough, chills, tiredness/weakness, sore throat and headache. Some adults 18-49 years of age have reported runny nose or nasal congestion, cough, chills, tiredness/weakness, sore throat and headache. These side effects are mild and short-lasting, especially when compared to symptoms of seasonal influenza infection.

Misconceptions about the timing of seasonal influenza vaccination

Is it too early to get a flu vaccine in September?

No. CDC recommends that providers begin to offer flu vaccine as soon as it becomes available in the fall. Immunity from vaccination will last throughout the year.

Is it too late to get vaccinated after Thanksgiving (or the end of November)?

No. Vaccination can still be beneficial as long as influenza viruses are circulating. CDC recommends that providers begin to offer influenza vaccination as soon as vaccine becomes available in the fall, but if you have not been vaccinated by Thanksgiving (or the end of November), it can still be protective to get vaccinated in December or later. Influenza is unpredictable and seasons can vary. Seasonal influenza disease usually peaks in January or February most years, but disease can occur as late as May.

Misconceptions about "stomach flu"

Is the "stomach flu" really the flu?

No. Many people use the term "stomach flu" to describe illnesses with nausea, vomiting or diarrhea. These symptoms can be caused by many different viruses, bacteria or even parasites. While vomiting, diarrhea, and being nauseous or "sick to your stomach" can sometimes be related to the flu - more commonly in children than adults - these problems are rarely the main symptoms of influenza. The flu is a respiratory disease and not a stomach or intestinal disease.



Question 1 A flu vaccine can't give you the flu.

Answer: True The flu vaccine cannot cause flu illness. The viruses in the vaccine are either killed (flu shot) or weakened (nasal spray vaccine), which means they cannot cause infection.

Question 2 The "stomach flu" and influenza are the same thing.

Answer: False The flu is a respiratory (lung) disease, not a stomach or intestinal disease. The main symptoms of the flu are fever (usually high), headache, extreme tiredness, dry cough, sore throat and muscle aches. Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults.

Question 3 Getting a flu vaccine in December or later is not too late.

Answer: True CDC recommends that people get vaccinated as soon as vaccine becomes available and that vaccination continue into December, January and beyond. Influenza activity usually peaks in February most years, but disease can occur as late as May.

Question 4 Flu viruses change constantly which requires a new flu vaccine to be produced each year.

Answer: True The viruses in the vaccine change each year based on worldwide monitoring of influenza viruses.

Question 5 Washing your hands is the best thing you can do to protect against the flu.

Answer: False CDC recommends a flu vaccine as the first and most important step in protecting against the flu. However, preventative actions like covering your cough and washing your hands often are important everyday steps that can help stop the spread of germs.

Question 6 The flu vaccine protects against three strains of flu.

Answer: True While there are many different flu viruses, the flu vaccine protects against the three main flu strains that research indicates will cause the most illness during the flu season.

Question 7 The flu is typically spread through coughs and/or sneezes.

Answer: True Flu virus is mainly spread through droplets from coughs and sneezes.

Question 8 The flu is not a serious illness.

Answer: False Flu is a serious contagious disease. Each year in the United States, on average, more than 200,000 people are hospitalized from flu complications and 36,000 people die from flu.

Question 9 The flu vaccine is available as a shot or a nasal spray.

Answer: True Flu vaccine is also available as a nasal spray (brand name FluMist®). The nasal spray flu vaccine is an option for healthy* people 2-49 years of age who are not pregnant. *"Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications.

Question 10 You can spread the flu to others before you have symptoms.

Answer: True Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

FY 2010 (1 Oct 2009—30 Sep 2010) Non-Combat Fatality Summary [Naval Safety Center](#)

FY10 through 9/30

Marine Fatality Summary

73 Marines died in mishaps:

- ◆ Private Motor Vehicle: 39 (53%)
- ◆ Aviation: 6 (8%)
- ◆ Ground Operational, Including PT/Excluding MV: 5 (7%)
- ◆ Operational MV: 8 (11%)
- ◆ Off-duty Shore/Recreation: 15 (21%)

Navy/Marine Fatality Summary

127 Sailors and Marines died in mishaps:

- ◆ Private Motor Vehicle: 71 (56%)
- ◆ Aviation: 13 (10%)
- ◆ Surface Ships/Submarines (Exc. PT): 2 (2%)
- ◆ Operational Diving: 1 (1%)
- ◆ Ashore Operational, Excluding MV/PT: 5 (4%)
- ◆ Operational MV: 8 (6%)
- ◆ Off-duty Shore/Recreation: 22 (17%)
- ◆ PT: 5 (4%)

ALCOHOL CONTRIBUTED TO THE DEATH OF 27 MARINES: FY2010 - PRESENT

The Marine Corps suffered 15 off-duty/recreational fatalities in fiscal year 2010; alcohol was involved in 11 of those 15 deaths. 7 of those fatalities occurred when a Marine literally drank to the point of passing out, and never woke up – this behavior has been referred to as “drinking for sport” or “binge drinking”. Alcohol was also a contributing factor in 11 of 35 PMV fatalities - totaling 22 confirmed alcohol related fatalities last fiscal year. So far in fiscal year 2011, there has already been 11 off-duty/recreation and PMV fatalities in the Marine Corps; alcohol was involved in 5 of these 11 – combined this is 27 Marines lost to alcohol since the beginning of FY2010.

This “Did You Know” notes some of the dangers of abusing or mixing alcohol and prescription medications, and highlights individual Marine fatalities in which alcohol was a contributing factor. It is critical that leaders at all levels continue to educate Marines on the dangers involved in the recreational use of alcohol and prescription drugs, and remain vigilant for the warning signs a Marine abusing these substances may exhibit. Know your Marines and don't let them become one of the statistics below.

USMC ALCOHOL RELATED OFF-DUTY/RECREATION FATALITIES IN FY10 – FY11

- ◆ 31 Oct 10: A LCpl was found unconscious in the barracks. Paramedics were unsuccessful in attempts to resuscitate the Marine and he was declared dead.
- ◆ 23 Oct 10: A Sgt was found unresponsive after having gone out the previous night. Use of drugs and alcohol was apparent.
- ◆ 09 Sep 10: A Sgt died after a night of excessive drinking.
- ◆ 08 Jul 10: A LCpl died after being found unresponsive following a night of drinking while on post deployment leave.
- ◆ 05 Jun 10: A Cpl died after being found unresponsive on the ground in front of his off-base residence.
- ◆ 09 May 10: A LCpl died from a gunshot wound inflicted by a personal firearm.
- ◆ 02 May 10: A SSgt was found deceased in his home.
- ◆ 03 Apr 10: A LCpl died in a recreational boating mishap.
- ◆ 28 Mar 10: A LCpl was found unresponsive after a night of drinking.
- ◆ 14 Mar 10: A Sgt was found dead after a night of drinking.
- ◆ 24 Dec 09: A Pvt died of asphyxiation after vomiting in his sleep.
- ◆ 06 Dec 09: A PFC was found deceased in private residence.
- ◆ 06 Dec 09: A Cpl died from a gunshot wound to the chest.

**DANGERS OF ALCOHOL CONSUMPTION**

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), many medications can interact with alcohol, leading to increased risk of illness, injury, or death. Drinking large amounts of alcohol at one time or very rapidly can cause alcohol poisoning, which can lead to coma or death. Abusing most prescription medications can have the same effect. Mixing the two together can be a deadly combination.

Drinking alcohol leads to a loss of coordination, poor judgment, slowed reflexes, distorted vision, memory lapses, and even blackouts. Alcohol depresses your central nervous system, lowers your inhibitions, and impairs your judgment. Drinking can lead to risky behaviors, such as driving when you shouldn't, or having unprotected sex. If you're around people who are drinking – even if you're not, you have an increased risk of being seriously injured, involved in a car crash, or be affected by violence. At the very least, you may have to deal with people who are sick, out of control, or unable to take care of themselves.

EFFECTS OF ALCOHOL & PRESCRIPTION DRUG ABUSE

In addition to risk of injury or death as a result of an accident or violence, alcohol and prescription drugs pose a broad range of physiological and psychological dangers if mixed or abused.

- ◆ **Neurological** dangers include impaired vision, impaired motor coordination, memory defects, hallucinations, blackouts, and seizures. Long-term abuse can result in permanent damage to the brain.
- ◆ **Cardiological** problems include elevated blood pressure and heart rate, risk of stroke and heart failure.
- ◆ **Respiratory** dangers include respiratory depression and failure, pneumonia, tuberculosis, and lung abscesses. Additionally, alcohol abuse increases the risk of mouth and throat cancer.
- ◆ **Liver disease** caused by chronic alcohol abuse, including alcoholic fatty liver, hepatitis, and cirrhosis, kills over 25,000 Americans each year.

Other physiological dangers include damage to the **gastrointestinal system**, the **pancreas**, and the **kidneys**. In addition, alcohol and drug abuse may cause malnutrition, disrupt the absorption of nutrients in food, and suppress the **immune system**, thus increasing the potential for illness.

- ◆ **Psychological** dangers include impaired judgment and verbal ability, apathy, introversion, antisocial behavior, inability to concentrate, **suicidal ideations/thoughts**, and deterioration of relationships with family, friends, and fellow Marines.

Observation. Gunners using their individual weapon (usually an M4 carbine) while in the Objective Gunner Protection Kit (OGPK) have shot and hit elements of the OGPK causing ricochets that have severely wounded themselves and other crew members inside the vehicle.

Discussion. A phenomenon called “parallax off-set” can allow a gunner to see a target, while the weapon muzzle may still not be clear of the intended target line. Firing from within the OGPK can result in bullets being fired into the inside armor and ballistic shield causing bullets to ricochet about the turret and into the crew compartment.

Lesson learned. Having a clear line of sight on the target does not ensure the bullet travel path from the barrel is clear.

Improper position: Shows gunner with clear line of sight thru optics with bullet path set to ricochet against the turret shield.



Proper position: Shows muzzle clear of the turret shield and bracing against top of the turret shield allows for a steadier aim



Recommendation.

- ◆ Individual weapons should be test fired from the dismounted position (on the ground) or by having another crew member test fire the weapon when gunner dismounting is not feasible.
- ◆ Maintain muzzle awareness at all times.
- ◆ When an individual weapon is fired from the turret, gunners should brace against the forward edge of the OGPK or as far forward as possible and support the rifle on the OGPK ensuring the barrel extends beyond the edge of the turret shield.
- ◆ Ensure weapons are on safe at all times until ready to engage a target.

Additional Resources



USMC AVIATION CLASS A MISHAPS. None

USMC GROUND ON-DUTY CLASS A MISHAPS. None

USMC PHYSICAL TRAINING CLASS A MISHAPS. None

USMC ON-DUTY MOTOR VEHICLE MISHAPS

01 October 2010 (Afghanistan) Sgt died after being pinned between MATV and truck.

USMC PRIVATE MOTOR VEHICLE FATALITIES

03 Dec 2010: (Emerald Isle, NC) SSgt died in a head-on collision with another vehicle.

25 Nov 2010 (Buckeye, AZ) Sgt died in a motorcycle mishap when he struck the rear of another vehicle.

21 Nov 2010 (Camp Pendleton, CA) LCpl died in single-vehicle motorcycle mishap.

14 Nov 2010: (Julian, CA) Maj died in a motorcycle mishap in a head-on collision with another motorcycle.

06 Nov 2010 (Nassau County, FL) PFC passenger died in a single-vehicle mishap when the automobile struck a tree.

05 Nov 2010 (29 Palms, CA) Cpl died in a motorcycle mishap after being struck by a vehicle.

28 Oct 2010 (Los Banos, CA) LCpl died in an single-vehicle mishap when his vehicle departed the roadway, rolled several times, and caught on fire.

24 Oct 2010 (Jacksonville, NC) Two LCpl's died in a single-vehicle mishap when the automobile failed to negotiate a turn and rolled several times.

16 Oct 2010 (Beeville, TX) Pvt died in a single vehicle rollover while on leave from basic training .

USMC OFF-DUTY/RECREATIONAL FATALITIES

31 Oct 2010 (Camp Pendleton, CA) LCpl was found unconscious near the barracks duty desk and could not be resuscitated.

23 Oct 2010 (Fredericksburg, VA) Sgt was found deceased in his quarters.

USMC AVIATION CLASS A MISHAPS

29 Oct 09(California) AH-1W crashed into water after midair collision. (2 fatalities)

26 Oct 09 (Afghanistan) AH-1 and UH-1 crashed in open desert. (4 fatalities)

USMC GROUND ON-DUTY CLASS A MISHAPS

18 Jul 2010: (Afghanistan) Cpl drowned after crossing a river in full patrol PPE and then reentered the river to assist Afghan partnered patrolman who fell and was swept away.

09 Jun 2010: (Afghanistan) LCpl died from an accidental, self-inflicted gunshot wound to the chest.

11 May 2010: (MCB, HI) Civilian police officer died while exercising.

20 Mar 2010: (Camp Lejeune, NC) LCpl died as a result of injuries sustained while participating in a command-sponsored boxing session.

05 Mar 2010: (MCAS New River, NC) Civilian employee checked out boat from marina to conduct a routine maintenance check ride and never returned. Body was recovered on 24 Mar 2010.

22 Dec 2009: (Afghanistan) LCpl died while performing maintenance on a M88 when hoist chain broke causing vehicle to fall.

03 Dec 2009: (Camp Pendleton, CA) Cpl died when parachute failed to open while conducting low level static line jump.

USMC ON-DUTY MOTOR VEHICLE MISHAPS

27 Aug 2010: (Afghanistan) Cpl died when MRAP rolled over.

07 Jun 2010: (Willcox, AZ) 2ndLt died in multi-vehicle mishap while traveling on PCS orders.

06 Jun 2010: (Afghanistan) MRAP CAT-I rolled over into a canal when the road gave way. Turret gunner and the two front seat personnel died.

18 Mar 2010: (Jacumba, CA) LCpl died when the GOV in which he was a passenger ran off the road and overturned.

14 Mar 2010: (Afghanistan) Cpl died in a MRAP mishap when the vehicle rolled over while he was in the turret gunner position.

04 Nov 2009: (Camp Pendleton, CA) LCpl died in automobile mishap when his POV was hit by HMMWV.

USMC PRIVATE MOTOR VEHICLE FATALITIES

29 Sep 2010: (Jacksonville, FL) Cpl died in a motorcycle mishap.

25 Sep 2010: (Las Animas County, CO) SSgt died in a single-vehicle mishap after his automobile drifted into the median and rolled.

21 Sep 2010: (Plainville, CT) Sgt died in a single-vehicle motorcycle mishap.

08 Sep 2010: (Perry, GA) Cpl died as a passenger in a single-vehicle mishap when automobile swerved and struck a tree.

28 Aug 2010: (Julian, CA) LCpl died 31 Aug from injuries sustained in a single-vehicle mishap when his automobile left the road and slid down an embankment.

19 Aug 2010: (Buttonwillow, CA) Maj died in a single-vehicle mishap when his automobile departed the roadway and overturned, ejecting him from the vehicle.

(continued)

USMC PRIVATE MOTOR VEHICLE FATALITIES

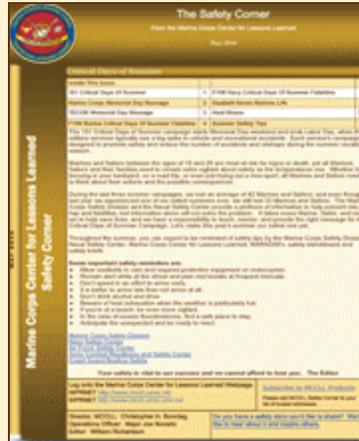
14 Aug 2010: (Burnsville, WV) LCpl died in a single-motorcycle mishap when he struck a guardrail.
02 Aug 2010: (Rosenberg, TX) Cpl died when his motorcycle was struck from behind by another vehicle.
30 Jul 2010: (Jacksonville, NC) PFC died when the vehicle in which she was a passenger collided with another vehicle.
12 Jun 2010: (Jacksonville, NC) SSgt died in a single-vehicle mishap after departing the roadway and striking a tree.
12 Jun 2010: (Richlands, NC) Cpl died in a motorcycle mishap after being struck by another vehicle while pulling out of a parking lot.
30 May 2010: (Wall Township, NJ) SGT died in a single-vehicle mishap when the vehicle overturned.
25 May 2010: (Camp Pendleton, CA) Cpl died in a bicycle mishap when he was struck by a vehicle.
23 May 2010: (Beaufort, SC) Capt died in single-vehicle mishap when automobile left the road and struck a tree.
22 May 2010: (El Paso, TX) PFC died when vehicle he was a passenger in struck another vehicle that was stopped alongside a highway.
20 May 2010: (Uvalde, TX) PFC died in a single-vehicle mishap when his car hit a pole.
19 May 2010: (Irving, TX) PFC struck and killed in a hit and run mishap while walking on the highway.
07 May 2010: (Honolulu, HI) LCpl died when the vehicle in which he was a passenger collided with another vehicle.
22 Apr 2010: (Escondido, CA) Cpl died in a single-vehicle mishap.
16 Apr 2010: (New Bern, NC) Cpl and Sgt passengers died in a single-vehicle mishap when driver lost control and vehicle rolled into water filled ditch and submerged.
28 Mar 2010: (Summerton, SC) LCpl died in an automobile mishap when tread separated from tire causing vehicle to swerve into the median, roll and strike a tree.
18 Mar 2010: (San Diego, CA) Two LCpl's died in an automobile mishap when the vehicle crashed through a guardrail and into a canyon.
15 Mar 2010: (Mobile, AL) Cpl died in motorcycle mishap when he struck a curb and was thrown from the bike.
13 Mar 2010: (Atlanta, GA) LCpl died in an automobile mishap after being struck head-on by drunk driver traveling the wrong direction on the freeway.
27 Feb 2010: (Kapolei, HI) Sgt died in a motorcycle mishap when he collided with the vehicle in front of him.
05 Jan 2010: (Camp Lejeune, NC) PFC died in a single-vehicle mishap.
27 Dec 2009: (Westport, CT) LCpl died as a passenger in automobile mishap when driver lost control and struck a tree.
18 Dec 2009: (San Diego, CA) Cpl died after being struck by an automobile in a hit and run mishap.
07 Dec 2009: (Kailua, HI) Sgt died in a motorcycle mishap.
26 Nov 2009: (Morongo Valley, CA) LCpl died when the vehicle in which he was a passenger overturned several times. Two other SVMs were hospitalized.
14 Nov 2009: (New Brunswick, NJ) SSgt died 23 Nov 2009 from injuries sustained as a passenger in an automobile mishap.
06 Nov 2009: (San Diego, CA) Sgt died in a motorcycle mishap when he collided with another vehicle.
27 Oct 2009: (New Bern, NC) PFC died 03 Nov from injuries sustained in automobile mishap when vehicle rolled and struck a tree.
17 Oct 2009: (Murrieta, CA) SSgt died in a motorcycle mishap when he collided with a vehicle that pulled out into his lane of travel.
13 Oct 2009: (Santa Clara, CA) Sgt died in a multiple vehicle mishap.
09 Oct 2009: (Escondido, CA) LCpl was in a minor two vehicle mishap and was being treated by emergency medical personnel at the scene when he was struck and killed by a third vehicle.
01 Oct 2009: (New Bern, NC) PFC died in an automobile mishap after he struck the back of a school bus that was stopped at a railroad crossing.

USMC OFF-DUTY/RECREATIONAL FATALITIES

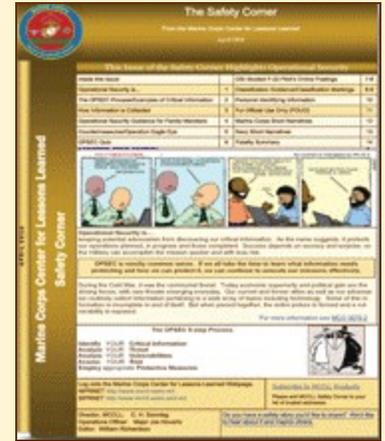
05 Sep 2010: (Fredericksburg, VA) Sgt died after consuming excessive amounts of alcohol.
08 Jul 2010: (Lexington, KY) LCpl died after being found unresponsive following a night of drinking while on post-deployment leave.
04 Jul 2010: (Guantanamo Bay, Cuba) Two LCpl's and an Cpl drowned while snorkeling.
05 Jun 2010: (Twentynine Palms, CA) Cpl died after being found unresponsive on the ground in front of his off-base residence.
21 May 2010 (Borrego Springs, CA) Sgt died in dirt-bike mishap when he lost control of motorcycle and it rolled over.
09 May 2010: (Quantico, VA) LCpl died from a gunshot wound inflicted by a personal firearm.
02 May 2010: (Quantico, VA) SSgt was found deceased in his home.
03 Apr 2010: (Port Barre, LA) LCpl died in a recreational boating mishap.
28 Mar 2010: (Fallbrook, CA) LCpl found unresponsive after a night of drinking.
14 Mar 2010: (Oceanside, CA) Sgt found dead after a night of drinking.
24 Dec 2009: (Monroe, NY) Pvt died of asphyxiation after vomiting in his sleep.
06 Dec 2009: (Albuquerque, NM) PFC was found deceased in private residence.



[August 2010 Exercise Program Safety](#)



[May 2010 Critical Days of Summer](#)



[April 2010 Operational Security](#)

Links to Safety Corner Archives

2009

- [January 2009 Seatbelt Safety](#)
- [January 2009 FY08 Year in Review](#)
- [February 2009 Binge Drinking](#)
- [March 2009 Body Art Safety](#)
- [March 2009 Mental Health](#)
- [April 2009 Driver Fatigue](#)
- [June 2009 Heat-Related Injuries](#)
- [July 2009 Weapons Safety](#)
- [August 2009 Convoy Safety](#)
- [October 2009 Electrical Safety](#)
- [October 2009 H1N1](#)
- [November 2009 FY09 in Review](#)
- [December 2009 Power Tools](#)

2008

- [January 2008 Winter Driving](#)
- [January 2008 Cold Weather](#)
- [February 2008 High Altitude](#)
- [February 2008 Flight Deck Safety](#)
- [March 2008 Towing Safety](#)
- [April 2008 Fire Safety](#)
- [April 2008 Sexual Assault](#)
- [May 2008 Critical Days Kick Off](#)
- [June 2008 MRAP Safety](#)
- [June 2008 Ballistic Glass](#)
- [July 2008 Fireworks Safety](#)
- [July 2008 Electrical Safety](#)
- [August 2008 Non-Combat Injuries](#)
- [August 2008 Motorcycle Safety III](#)
- [September 2008 Safety Program](#)
- [October 2008 MRAP Safety Best Practices](#)
- [November 2008 Hunting Safety](#)
- [December 2008 Seasonal Safety](#)

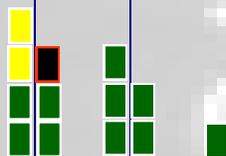
2007

- [January 2007 Aviation Safety](#)
- [January 2007 Fall Protection](#)
- [January 2007 Fire Safety](#)
- [February 2007 Ballast Hazards](#)
- [February 2007 Warrior Workshops](#)
- [March 2007 Motorcycle Safety](#)
- [March 2007 Suicide Prevention](#)
- [April 2007 Motorcycle Safety Follow-up](#)
- [April 2007 Suicide Follow-Up](#)
- [May 2007 Venomous Animals](#)
- [May 2007 Critical Days of Summer Part 1](#)
- [June 2007 Grilling Critical Days of Summer Part 2](#)
- [June 2007 Non-combat Injuries](#)
- [July 2007 Lockout/Tagout](#)
- [July 2007 Running & Heat Injuries Critical Days of Summer Part 3](#)
- [August 2007 Swimming Pool Critical Days of Summer Part 4](#)
- [August 2007 Bicycle Safety Critical Days of Summer Part 5](#)
- [September 2007 Critical Days of Summer Part 6](#)
- [October 2007 Vehicle Rollovers](#)
- [October 2007 Tire Safety](#)
- [November 2007 Hoilday Safety](#)
- [December 2007 Personal Safety](#)
- [December 2007 Compressed Gas Cylinders](#)

Marine Corps Fatality as of January FY11

Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
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**Total
Marine
Non-Combat
Fatalities
FY11
13**



Those incidents outlined in red indicate OIF/OEF Non-Combat fatalities

USMC GROUND ON-DUTY	USMC AVIATION	USMC ON-DUTY MOTOR VEHICLE
USMC PRIVATE MOTOR VEHICLE	USMC PHYSICAL TRAINING	USMC OFF-DUTY/RECREATIONAL

Note: This report has been compiled from publicly available information and is not official USMC policy. Although information has been gathered from reliable sources the currency and completeness of the information reported herein is subject to change and cannot be guaranteed.