

INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 60 – ACCIDENT INVESTIGATION AND REPORTING

Contents

60.04	Responsibilities
60.05	Definitions
61	INITIAL NOTIFICATION OF ACCIDENT
62	ACCIDENT INVESTIGATION
63	FIRE ENTRAPMENT INVESTIGATION
64	SHELTER DEPLOYMENT
65	ACCIDENT REPORT
66	EXHIBITS
Exhibit 01	Motor Vehicle Accident Report, SF-91
Exhibit 02	Statement of Witness, SF-94

CHAPTER 60 – ACCIDENT INVESTIGATION AND REPORTING

The level of accident investigation is determined by the complexity and severity of the event. Jurisdictional agency policy will determine the type of investigation. The purpose of an investigation is to identify organizational deficiencies that are the source of the incident or accident and recommend specific corrective actions.

For accident or incident reporting requirements refer to agency specific procedures.

60.04 – Responsibilities.

1. Agency Administrator is responsible for providing the Incident Commander direction through the Delegation of Authority regarding the performance and execution of accident investigations.
2. Incident Commander is responsible for:
 - A. Managing the overall incident safety program through all incident personnel.
 - B. Ensuring that all accidents are investigated and documented.
 - C. Notifying the Agency Administrator of an accident.
3. Safety Officer is responsible for providing staff assistance and guidance to the IC to aid in meeting safety responsibilities and determining the level of investigation.
4. First line supervisors (immediate supervisors) are responsible for:
 - A. Identifying and assessing hazards and taking appropriate mitigation measures utilizing the risk management process.
 - B. Ensuring their subordinates perform activities in a safe manner.
 - C. Notifying their supervisor of an accident and securing the scene.
5. Incident personnel are responsible for performing safely, reporting observable hazards, and reporting accidents to their supervisor.

60.05 – Definitions. Definitions used throughout this handbook are located in the Zero Code

Accident. An accident is an unexpected occurrence in a sequence of events that produces an injury, death, or property damage.

61 – INITIAL NOTIFICATION OF ACCIDENT.

1. General Requirements. All accidents shall be reported to the immediate supervisor, who in turn shall notify the responsible Section Chief and Safety Officer.
2. Special Requirements. The incident agency will notify the individual's home unit in the event of serious injury.
3. Notification of Next of Kin. In the case of a fatality or a serious traumatic injury, the IC shall privately notify the Agency Administrator. The Agency Administrator shall notify the individual's home unit Agency Administrator. The home unit Agency Administrator shall notify the next of kin following agency procedures. (See the Agency Administrator's Guide for Critical Incident Management, PMS 926).

62 – ACCIDENT INVESTIGATION. Users of this handbook should obtain jurisdictional agency procedures or policies for investigations.

1. Multi-Jurisdictional Accident Investigations. The involved agencies will jointly determine accident investigation processes and procedures.
2. Aircraft accidents. Most aircraft accident investigations will involve the National Transportation Safety Board. The involved agencies will jointly determine accident investigation processes and procedures.
3. Motor Vehicle Accident Reports. If the accident occurs on public roads it will be investigated by the appropriate law enforcement agencies and in accordance with jurisdictional agency policy. The Motor Vehicle Accident Report, SF-91, and the Statement of Witness, SF-94, (See Section 66, Exhibits 01 and 02) may be used to document motor vehicle accidents.
4. Accident Investigation Report. In general, an accident investigation should:

- A. Identify factual data about the factors and circumstances relating to the incident.
- B. Analyze the findings to identify the significant factors involved and their relationships.
- C. State conclusions reached from analysis of the findings.
- D. Recommend actions to prevent future occurrences.
- E. Be fully developed and clearly reported.
- F. Include a complete factual and unbiased report and include the following:
 - (1) Description of the damage and circumstances leading to the accident; including location of the area, sequence of events, weather, and road conditions, if applicable.
 - (2) Law enforcement investigation report if one was required.
 - (3) List of witnesses and statements.
 - (4) Sketches, maps, diagrams, or photographs of the scene or equipment.

63 – FIRE ENTRAPMENT INVESTIGATION. The investigation is initiated by the IC through the Agency Administrator following agency protocol.

An entrapment is a situation where personnel are unexpectedly caught in a fire behavior-related, life-threatening position where planned escape routes or safety zones are absent, inadequate, or have been compromised. An entrapment may, or may not, include deployment of a fire shelter for its intended purpose.

These situations may, or may not result in injury and they include “near misses”.

NWCG has developed recommended guidelines for investigation and review of fire entrapment situations. These guidelines are not intended to replace agency-specific investigation protocol. (See Investigating Wildland Fire Entrapments, Missoula Technology Development Center, 2001, document number 0151-2823-MTDC)

The IC should coordinate with the Agency Administrator to complete the Wildland Fire Fatality and Entrapment Initial Report, PMS 405-1.

64 – SHELTER DEPLOYMENT. Shelter deployment may occur in situations where individuals are not entrapped. Anytime a shelter is deployed (other than for training purposes), regardless of circumstances, notification to the Agency Administrator is required. The level of investigation will be determined by jurisdictional agency policy.

65 – ACCIDENT REPORT. Any accident report generated by the incident management team shall be reviewed with the Agency Administrator and included in the final incident documentation package.

66 – EXHIBITS

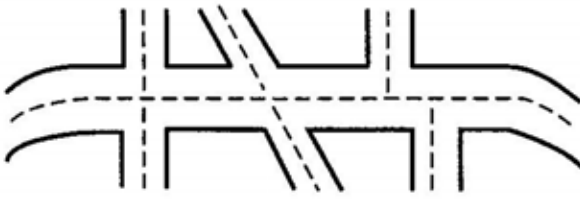
66 – Exhibit 01

MOTOR VEHICLE ACCIDENT REPORT, SF-91

MOTOR VEHICLE ACCIDENT REPORT		Please read the Privacy Act Statement on Page 3.		INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.			
SECTION I - FEDERAL VEHICLE DATA							
1. DRIVER'S NAME (Last, first, middle)			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS			3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS						4b. WORK TELEPHONE NUMBER ()	
5. TAG OR IDENTIFICATION NUMBER		6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE							
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)							
12. DRIVER'S NAME (Last, first, middle)				13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS						14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS						15b. HOME TELEPHONE NUMBER ()	
16. DESCRIBE VEHICLE DAMAGE							
17. ESTIMATED REPAIR COST \$		18. YEAR OF VEHICLE					
19. MAKE OF VEHICLE		20. MODEL OF VEHICLE				21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						22b. POLICY NUMBER	
						22c. TELEPHONE NUMBER ()	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)					
25. OWNER'S ADDRESS(ES)						24b. TELEPHONE NUMBER ()	
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)							
26. NAME (Last, first, middle)						27. SEX	28. DATE OF BIRTH
29. ADDRESS							
30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY		
34. TRANSPORTED BY				35. TRANSPORTED TO			
36. NAME (Last, first, middle)						37. SEX	38. DATE OF BIRTH
39. ADDRESS							
40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY		
44. TRANSPORTED BY				45. TRANSPORTED TO			
46. Pedestrian				a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)							

66 – Exhibit 01 – Continued

MOTOR VEHICLE ACCIDENT REPORT, SF-91

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)																													
47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).																												
49. TIME OF ACCIDENT AM PM																													
50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED <small>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</small>		51. POINT OF IMPACT (Check one for each vehicle)																											
<p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.</p> <p>Example: → ① ② ←</p> <p>b. Use solid line to show path before accident and broken line after the accident.</p> <p>c. Show pedestrian by ○</p> <p>d. Show railroad by ++++++</p> <p>e. Place arrow in the circle to indicate NORTH</p> 			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FED</th> <th style="width: 10%;">2</th> <th style="width: 80%;">AREA</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>a. FRONT</td></tr> <tr><td> </td><td> </td><td>b. R. FRONT</td></tr> <tr><td> </td><td> </td><td>c. L. FRONT</td></tr> <tr><td> </td><td> </td><td>d. REAR</td></tr> <tr><td> </td><td> </td><td>e. R. REAR</td></tr> <tr><td> </td><td> </td><td>f. L. REAR</td></tr> <tr><td> </td><td> </td><td>g. R. SIDE</td></tr> <tr><td> </td><td> </td><td>h. L. SIDE</td></tr> </tbody> </table>	FED	2	AREA			a. FRONT			b. R. FRONT			c. L. FRONT			d. REAR			e. R. REAR			f. L. REAR			g. R. SIDE		
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		h. L. SIDE																											
52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).																													
SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)																													
A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ()	55. HOME TELEPHONE NUMBER ()																										
	56. BUSINESS ADDRESS	57. HOME ADDRESS																											
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ()	60. HOME TELEPHONE NUMBER ()																										
	61. BUSINESS ADDRESS	62. HOME ADDRESS																											
SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)																													
63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ()	63c. HOME TELEPHONE NUMBER ()																											
63d. BUSINESS ADDRESS	63e. HOME ADDRESS																												
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ()	64c. POLICY NUMBER ()																											
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$																											
SECTION VII - POLICE INFORMATION																													
68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER																											
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)																											

66 – Exhibit 01 – Continued

MOTOR VEHICLE ACCIDENT REPORT, SF-91

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions. I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER	71b. DRIVER'S SIGNATURE AND DATE
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SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN	73. DESTINATION
74. EXACT PURPOSE OF TRIP	

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
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77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS
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82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER ()
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66 – Exhibit 01 – Continued

MOTOR VEHICLE ACCIDENT REPORT, SF-91

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. YES NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED			
NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR		88. ACCIDENT REVIEWING OFFICIAL	
a. SIGNATURE AND DATE		a. SIGNATURE AND DATE	
b. NAME (First, middle, last)		b. NAME (First, middle, last)	
c. TITLE		c. TITLE	
d. OFFICE		d. OFFICE	
e. OFFICE TELEPHONE NUMBER ()		e. OFFICE TELEPHONE NUMBER ()	

66 – Exhibit 02

STATEMENT OF WITNESS, SF-94

STATEMENT OF WITNESS <i>(Attach additional sheets if necessary)</i>	1. DID YOU SEE THE ACCIDENT?		2. WHEN DID THE ACCIDENT HAPPEN?		FORM APPROVED O.M.B. NUMBER 3090-0118
			a. TIME	a.m. b. DATE	
3. WHERE DID THE ACCIDENT HAPPEN? <i>(Give street location and city)</i>					
4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED					
5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?					
6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?					
7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY					
8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY					9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
					a. GOVERNMENT VEHICLE <i>Miles per Hr.</i>
					b. OTHER VEHICLE <i>Miles per Hr.</i>
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT <i>(If known)</i>					
a. NAMES			b. ADDRESSES <i>(Include ZIP Code)</i>		
WITNESS COMPLETING THIS FORM	11. HOME ADDRESS <i>(Include ZIP Code)</i>		12. WITNESS (Print Name)		a. HOME TELEPHONE NO.
			<i>Sign here</i>		b. TODAY'S DATE
	13. BUSINESS ADDRESS <i>(Include ZIP Code)</i>				TELEPHONE NO.
14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:					
<p>1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow <i>(Example: → [1] [2] ←)</i></p> <p>2. Use solid line to show path before accident Broken line after accident</p> <p>3. Show pedestrian by → ○</p> <p>4. Show railroad by ++++++</p> <p>5. Give names or numbers of streets or highways</p> <p>6. Indicate north by arrow in this circle ○</p>					
KSN 7540-05-634-4045 94-105			STANDARD FORM 94 (REV. 2-83) Prescribed by GSA, FPMR 101-25.		

66 – Exhibit 02 – Continued

STATEMENT OF WITNESS, SF-94

FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.