

Original Accident Report Form (DI-134) printed in 1968. Revised in 1970 and subsequent years to accommodate centralized injury/accident data collection into mainframe computer.

Form DI-134 (July 1981)
 Exception to SF-91A-92
 Approved by Bureau of the Budget
 March 1963

U. S. DEPARTMENT OF THE INTERIOR
 Safety Management Information System

FIELD REPORT NO.

REPORT OF ACCIDENT/INCIDENT

DATE

| | | | | | | | | | | | | | | |
|--|-----|-----|-----|------|--|----|--|--|----------------------|--|--|-----|-----|-----|
| 1. REPORTING UNIT AND ADDRESS | | | | | | | | | | | | | | |
| 2. NAME OF PERSON INVOLVED (last, first, middle initial) ADDRESS (include zip code) | | | | | 3. AGE | | 4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | | 6. EMPLOYMENT STATUS | | | | | |
| | | | | | 5. SOCIAL SECURITY NUMBER | | | | | 7. OCCUPATIONAL CODE (last digit here) → | | | | |
| <i>Use separate form for each person involved</i> | | | | | | | | | | | | | | |
| 8. DATE AND TIME OF INCIDENT | | | | | 9. ACTIVITY | | | | | 20. LOST TIME DATA | | MO. | DAY | YR. |
| YR. | MO. | DAY | HR. | MIN. | | | | | | a. Date unable to perform regularly established duties | | | | |
| 10. STATE IN WHICH INCIDENT OCCURRED | | | | | b. Date returned to work (Regularly established duties) | | | | | | | | | |
| 11. TYPE OF ACCIDENT/INCIDENT | | | | | c. Date returned to work (Restricted work activities) | | | | | | | | | |
| 12. RESULT OF ACCIDENT/INCIDENT | | | | | d. Date terminated | | | | | | | | | |
| 13. NATURE OF INJURY/ILLNESS | | | | | e. Date permanently transferred to lighter duty | | | | | | | | | |
| 14. SEVERITY OF INJURY/ILLNESS | | | | | f. Number of days of restricted work activity | | | | | | | | | |
| 15. PART OF BODY AFFECTED | | | | | TO BE COMPLETED BY SAFETY MANAGER ONLY | | | | | | | | | |
| 16. SOURCE (What was used, done, contacted, etc?) | | | | | | | | | | | | | | |
| 17. HUMAN FACTOR | | | | | g. Number of days lost (Optional) (ANSI-Z16.4) | | | | | | | | | |
| 18. PHYSICAL/ENVIRONMENTAL FACTOR | | | | | h. Number of lost workdays (Required) (OSHA-29 CFR 1960.2 (i)) | | | | | | | | | |
| 19. REPORT SENT TO OWCP? | | | | | YES | NO | i. Recordable occupational injury/illness (OSHA-29 CFR 1960.2 (a)) | | YES | NO | | | | |
| 21. PROPERTY OWNERSHIP | | | | | 23. IDENTIFICATION OF PROPERTY INVOLVED (name, model number, size, make, type, etc.) | | | | | | | | | |
| 22. AMOUNT OF PROPERTY DAMAGE (Dollars Only) | | | | | a. Government: | | | | | | | | | |
| | | | | | b. Other: | | | | | | | | | |
| a. GOVERNMENT | | | | | b. OTHER | | | | | | | | | |
| \$ | | | | | | | | | | | | | | |
| | | | | 0 | 0 | \$ | | | | | | | | |
| 24. NARRATIVE OF ACCIDENT/INCIDENT (Include who, what, when, where, and how) | | | | | | | | | | | | | | |

Continue on separate sheet, if necessary

25. CORRECTIVE ACTION TAKEN OR PLANNED

WHEN: Now _____ Fiscal Year _____

| | | | |
|---|--|-----------------------------------|--|
| Signature and title of reporting official | | Initials of Bureau Safety Manager | |
| Signature of reviewing authority | | Date | |

INSTRUCTIONS FOR COMPLETING FORM DI-134

NOTE: This is a four part snap-out form. Retain the last copy for your files, send the remaining copies, still assembled, through normal bureau/office channels. Tear off this page of instructions to assist you in completing the form.

INSTRUCTIONS: Complete all applicable blocks, inserting the appropriate code where called for. All information on this report refers to person named in Block 2 and/or property identified in Block 23. Information contained in this report may be added to and/or corrected by use of Form DI-134-C "Supplementary Accident/Incident Report."

FIELD REPORT NO. - The use of a number here is optional unless required by bureau or office.

DATE - Enter date of report.

BLOCK 1 - REPORTING UNIT AND ADDRESS - This code identifies the bureau/office and subdivisions thereof. Organizational codes are assigned by the Bureau/Office Safety Manager.

BLOCK 2 - NAME OF PERSON INVOLVED - Enter name of person who had accident, was injured, or became ill. When more than one person is injured in the same accident or occupational illness, complete separate report form for each person injured. (Leave blank when there is no way to identify a person with property damage or fire.)

ADDRESS - When reporting accidents/incidents involving persons other than employees, enter complete home address of individual. Addresses of employees is optional to bureau requirements.

BLOCK 3 - AGE - Enter age of person involved. If unknown, give best estimate.

BLOCK 4 - SEX - Check appropriate box, when applicable.

BLOCK 5 - SOCIAL SECURITY NUMBER - Enter number of the employee involved. Not required for non-employees.

BLOCK 6 - EMPLOYMENT STATUS - Enter the code which identifies the person involved in the accident or illness:

- | | | | |
|-----------------|--------------------------------|--------------------------------|---|
| 01 Permanent* | 06 Concessioner | 11 Vol. in the Parks | 16 CETA |
| 02 Temporary | 07 Youth Con. Corps (Staff)** | 12 Vista | 17 Young Adult Con. Corps (Staff)** |
| 03 Emergency | 08 Youth Con. Corps (Enrollee) | 13 Employee Family Member | 18 Young Adult Con. Corps (Corpsmember) |
| 04 Job Corpsman | 09 Public (Visitor) | 14 Tribal Member | 19 Student (BIA) |
| 05 Contractor | 10 Public (Other) | 15 Other (Explain in Block 24) | |

*Includes Job Corps Staff **Use code 01 or 02 when applicable

BLOCK 7 - OCCUPATIONAL CODE - Enter pay plan and occupational series code. (Employees only.) Examples: GS0301 WB5802

BLOCK 8 - DATE AND TIME OF INCIDENT - Enter date and time of accident or discovery of occupational illness. Example: July 4, 1976 at 1:35 p.m. is recorded as 7607041335 using the 24-hour clock system.

BLOCK 9 - ACTIVITY - Enter the code which best describes the activity the person named in Block 2 was engaged in at time of accident or occupational illness:

- | | | |
|---|---|--|
| 00 Not applicable | 09 Materials Handling | 17 Training (Trainee) |
| 01 Administrative/Clerical | 10 Observing, Inspection, Surveying, Etc. | 18 Transport-Operator (Vehicle, Aircraft, Watercraft, Animal) |
| 02 Fire Fighting | 11 Operating Hand Tools (Powered and Non-Powered) | 19 Transport-Passenger (Vehicle, Aircraft, Watercraft, Animal) |
| 03 Heavy Equipment Operation | 12 Operating Machinery | 20 Food Preparation/Handling |
| 04 Inactive (Rest, Sleep, Etc.) | 13 Performing Service, NEC ¹ | 21 Housekeeping |
| 05 Law Enforcement | 14 Recreation | 80 Other, NEC |
| 06 Locomotion (Walking, Running, Etc.) | 15 Search & Rescue | 99 Unknown |
| 07 Maintenance and Repair (Buildings, Grounds, Roads, Etc.) | 16 Training (Instructor) | |
| 08 Maintenance and Repair (Machinery and Equipment) | | |

BLOCK 10 - STATE IN WHICH INCIDENT OCCURRED - Enter two-letter state abbreviation as used in Zip Code Directory. For outside United States and its Territories, use 00 as code.

BLOCK 11 - TYPE OF ACCIDENT/INCIDENT - Enter appropriate code.

- | | | |
|--------------------------------|--|---|
| 01 Struck Against | 11 Contact With Electric Current | Motor Vehicle Accidents: |
| 02 Struck By | 12 Contact With Temperature Extremes | 20 Collision or Sideswipe With Another Vehicle—Both Vehicles in Motion |
| 03 Fall From Different Level | 13 Contact With Radiations, Caustics, Toxic and Noxious Substances | 30 Collision or Sideswipe With a Standing Vehicle or Stationary Object |
| 04 Fall on Same Level | 14 Noise Exposure | 40 Noncollision Accidents - Overturned, Ran Off Roadway, Sudden Stop or Start, Etc. |
| 05 Slip or Twist (Not Fall) | 15 Occupational Disease | 50 Not Chargeable As Motor Vehicle Fleet Accident As Defined in ANSI-D15.1 |
| 06 Caught In, Under or Between | 16 Bite (Animal, Insect, Etc.) | 80 Accident Type, NEC |
| 07 Rubbed or Abraded | 17 Explosion | 99 Unclassified, Insufficient Data |
| 08 Bodily Reaction | 18 Fire | |
| 09 Overexertion | 19 Immersion | |
| 10 Drowning | | |

BLOCK 12 - RESULT OF ACCIDENT/INCIDENT - Enter the appropriate code:

- | | |
|--|---|
| 00 Incident (No Injury or Property Damage) | 03 Property Damage Only |
| 01 Personal Injury Only | 04 Personal Injury With Property Damage |
| 02 Occupational Illness | |

BLOCK 13 - NATURE OF INJURY/ILLNESS - Enter the appropriate code:

- | | | |
|--------------------------------------|---|---|
| 00 No Injury | 11 Electric Shock, Electrocutation | 22 Respiratory Condition (Toxic Agents) |
| 01 Amputation | 12 Fracture | 23 Scratches, Abrasions |
| 02 Asphyxia, Strangulation, Drowning | 13 Freezing, Frostbite, Exposure | 24 Sprains, Strains |
| 03 Burn or Scald (Heat) | 14 Hearing Loss or Impairment | 25 Stroke |
| 04 Burn (Chemical) | 15 Heat Stroke, Sun Stroke, Exhaustion | 26 Multiple Injuries |
| 05 Concussion | 16 Heart Attack | 27 Disorders Due to Physical Agents |
| 06 Contagious or Infectious Diseases | 17 Hernia, Rupture | 28 Disorders Due to Repeated Trauma |
| 07 Contusion, Crushing, Bruise | 18 Inflammation or Irritation of Joints | 80 Occupational Illness, NEC |
| 08 Cut, Laceration, Puncture | 19 Poisoning, Systemic | 81 Other Injury, NEC |
| 09 Dermatitis | 20 Pneumoconiosis | 99 Unclassified, Not Determined |
| 10 Dislocation | 21 Radiation Effects, Sunburn, Etc. | |

BLOCK 14 - SEVERITY OF INJURY/ILLNESS - Enter the appropriate code:

- | | | |
|-----------------------------|---|---------------------------------------|
| 00 No Injury Involved | 03 Disabling Injury (Temporary) | 05 Disabling Injury (Permanent Total) |
| 01 First Aid Only | 04 Disabling Injury (Permanent Partial) | 06 Disabling Injury (Fatal) |
| 02 Medical Only (Physician) | | |

¹ NEC = Not Elsewhere Identified.

BLOCK 15 - PART OF BODY AFFECTED - Enter the appropriate code:

- | | | |
|--------------------------------------|--------------------------------|---|
| 00 No Part of Body Injured | 09 Finger(s) | 17 Lower Extremities, Multiple |
| 01 Head Other Than Eye, Face and Ear | 10 Upper Extremities, Multiple | 18 Multiple Body Parts |
| 02 Ear | 11 Trunk Area Other Than Back | 19 Multiple Area Skin Problem |
| 03 Eye | 12 Back | 20 Internal Injuries |
| 04 Face | 13 Leg | 21 Body System (Heart, Lungs, Etc.) |
| 05 Neck | 14 Ankle | 80 Body Parts, NEC |
| 06 Arm | 15 Foot | 99 Unclassified, Insufficient Information |
| 07 Wrist | 16 Toet(s) | |
| 08 Hand | | |

BLOCK 16 - SOURCE (WHAT WAS USED, DONE, CONTACTED, ETC.?) - Enter appropriate code:

- | | | |
|---|--|--|
| 01 Aircraft | 20 Food Products | 39 Noise |
| 02 Air Pressure | 21 Furniture, Fixtures, Furnishings | 40 Paper and Pulp Items, NEC |
| 03 Animals, Insects, Birds, Reptiles | 22 Glass Items, NEC | 41 Particles |
| 04 Bicycle | 23 Hand Tools, Not Powered | 42 Plants, Trees, Vegetation |
| 05 Boilers, Pressure Vessels | 24 Hand Tools, Powered | 43 Plastic Items, NEC |
| 06 Boxes, Barrels, Containers, Etc. | 25 Heat (Environmental) | 44 Pumps and Prime Movers |
| 07 Buildings and Structures | 26 Heating Equipment, NEC | 45 Radiating Substances and Equipment |
| 08 Chemicals, Chemical Compounds, Vapors, Gases | 27 Hoisting Apparatus, NEC | 46 Soaps, Detergents, Cleaning Compounds |
| 09 Clothing, Apparel, Shoes | 28 Infectious and Parasitic Agents, NEC | 47 Scrap, Debris, Waste Materials, NEC |
| 10 Coal and Petroleum Products | 29 Ladders (Fixed) | 48 Stairs, Steps, Etc. |
| 11 Cold (Environmental) | 30 Ladders (Portable) | 49 Steam |
| 12 Conveyors | 31 Liquids, NEC | 50 Textile Items, NEC |
| 13 Cranes, Lifts | 32 Machines | 51 Water (River, Lake, Etc.) |
| 14 Drugs and Medicines | 33 Mechanical Power Transmission Apparatus | 52 Watercraft |
| 15 Dusts | 34 Metal Fumes | 53 Wood Items, NEC |
| 16 Electrical Apparatus | 35 Metal Items, NEC | 54 Working Surfaces |
| 17 Firearms | 36 Mineral Items, Metallic, NEC | 55 Human Being |
| 18 Flame, Fire, Smoke | 37 Mineral Items, Nonmetallic, NEC | 80 Miscellaneous, NEC |
| 19 Flammable Gases, Vapors | 38 Motor Vehicles | 99 Unknown, Unidentified |

BLOCK 17 - HUMAN FACTOR - Enter the appropriate code:

- | | | |
|---|--|--|
| 00 No Human Factor | 06 Improper Use of Equipment | Personal Factors: |
| 01 Failure to Shutdown | 07 Improper Use of Hands and Body Parts | 14 Improper Attitude |
| 02 Failure to Use Available Personal Protective Equipment | 08 Inattention to Footing or Surroundings | 15 Lack of Knowledge or Skill |
| 03 Failure to Wear Safe Personal Attire | 09 Operating or Working at Unsafe Speed | 16 Bodily Defects |
| 04 Failure to Secure or Warn | 10 Taking Unsafe Position or Posture | 17 Disregard of Instructions |
| 05 Horseplay | 11 Driving Errors | 80 Unsafe Act, NEC |
| | 12 Unsafe Placing, Mixing, Combining, Etc. | 99 Unclassified, Undetermined, Insufficient Data |
| | 13 Using Unsafe Equipment | |

BLOCK 18 - PHYSICAL/ENVIRONMENTAL FACTOR - Enter the appropriate code:

- | | | |
|-------------------------------------|--|---|
| 00 No Physical/Environmental Factor | 04 Hazardous Methods or Procedures | 08 Public Hazards, NEC |
| 01 Defects of Accident Source | 05 Hazardous Placement | 80 Hazardous Conditions, NEC |
| 02 Dress or Apparel Hazards | 06 Hazards of Outside Work Environment | 99 Undetermined, Insufficient Information |
| 03 Environmental Hazards, NEC | 07 Inadequately Guarded | |

BLOCK 19 - REPORT SENT TO OWCP? - Indicate if applicable Office of Workers' Compensation Programs (OWCP) Forms have been sent to appropriate district office of the Office of Workers' Compensation Programs, Employment Standards Administration, U.S. Department of Labor. (Employees only.)

BLOCK 20 - LOST TIME DATA - Enter the appropriate code(s) as follows: (Employees only.)

- A. Enter date of first full day following date employee was unable to perform regularly established duties.
- B. Enter date employee first returned to work and/or performed his regularly established duties.
- C. Enter date employee returned to work and/or was assigned restricted work activities.
- D. Enter date employee was terminated.
- E. Enter date employee was permanently transferred to lighter duty.
- F. Enter total number of days of restricted work activity before employee returned to regularly established duties.

Items G, H and I to be completed by Bureau/Office Safety Manager only.

BLOCK 21 - PROPERTY OWNERSHIP - Enter the appropriate code:

- | | | |
|----------------------------------|-----------------|--------------------------------|
| 00 No Property Involved | 04 Leased | 07 Privately Owned |
| 01 Interior Owned | 05 Contractor | 08 Other Federal |
| 02 Inter-Agency (GSA) Motor Pool | 06 Concessioner | 09 Other (Explain in Block 23) |
| 03 Employee-Owned on O. B. | | |

BLOCK 22 - AMOUNT OF PROPERTY DAMAGE - Enter total amount of damage to government and/or other property. When more than one report is completed on a single incident, report only the amount of damage to property identified in Block 21.

BLOCK 23 - IDENTIFICATION OF PROPERTY INVOLVED - Enter appropriate code(s) to identify property involved in accident/incident and give complete description, including license number of vehicles, in space provided:

| MOTOR VEHICLES | | OTHER |
|---------------------------------------|---|-----------------------------------|
| 01 Passenger Car | 09 Recreation Vehicle (Snowmobiles, etc.) | 40 Buildings |
| 02 Station Wagon | 10 Motorcycle, Scooter, Etc. | 41 Structures |
| 03 Bus | 11 Construction-Type Vehicles | 42 Furnishings |
| 04 Pick-up Truck | 12 Motor Vehicle With Trailer | 43 Equipment |
| 05 Truck, 1 Ton and Under | 13 Tracked, ATV, Etc. | 44 Machinery |
| 06 Truck 1 1/2 - 2 1/2 Tons | 14 Farm Tractor | 45 Tools |
| 07 Truck, 3 Tons and Over | 19 Motor Vehicle, NEC | 46 Construction Materials |
| 08 4-Wheel Drive Vehicles (All Sizes) | | 47 Any Combination of Above |
| | | 48 Forest, Range and Tundra |
| | | 49 Animals (Horses, Burros, Etc.) |
| | | 50 Bicycle |
| | | 80 Other Property, NEC |
| | | 00 No Property Involved |

| Aircraft | Watercraft |
|--|-------------------------|
| 20 Fixed Wing - Single Engine | 30 Less Than 16' |
| 21 Fixed Wing - Multi-Engine | 31 16' to Less Than 26' |
| 22 Rotary Wing - Helicopter | 32 26' to Less Than 65' |
| 23 Unpowered - Gliders, Balloons, Etc. | 33 65' and Over |
| | 34 Airboat |

BLOCK 24 - NARRATIVE OF ACCIDENT/INCIDENT - Give a complete summary of the events leading up to the accident.

BLOCK 25 - CORRECTIVE ACTION TAKEN OR PLANNED - Give a brief description of the action(s) taken or planned to prevent similar incidents in the future. Indicate when actions were or will be taken and by whom.