ALL HAZARD INCIDENT MANAGEMENT TEAM

DISTRICT 6

IDHS INDIANA DEPARTMENT OF HOMELAND SECURITY

INDIANA

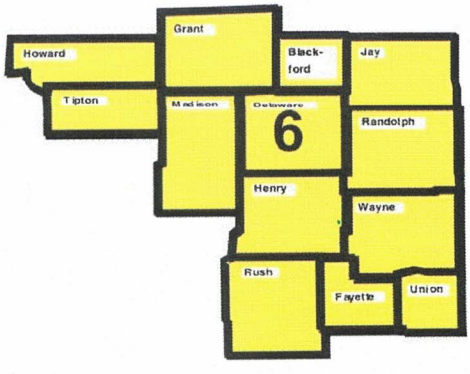
DISTRICT 6

Safety Officer

Accident Investigation

S.O.G.





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For questions regarding this program contact the author:

Ronald (Ron) D. Huffman,
District 6 Task Force Safety Officer - Retired
Director Henry County EMA - Retired

(765) 524-4848 (CELL)
ron.at.ncfd@gmail.com (E-MAIL)

Purpose of this document

As the Safety Officer (SOFR), accident investigations are your responsibility. Large or small, simple or complex makes no difference. The "Accident Investigation Form" and accompanying documentation is intended to make the process of gathering, documenting and disseminating information uniform for experienced and novice investigators alike. Those that need it to continue the investigation or those that set policy for the taskforce need a process that is easy to follow and understand. The investigation form (hereafter called "the form") is designed to allow its use on multiple types of accident scenes. If a responder is injured and no vehicles were involved, just mark through that section, on the other hand, if a vehicle was involved complete that section. The form is generic enough to meet the needs of most "MINOR" and start the process on "MAJOR" accidents. MAJOR accidents (large dollar loss or serious injuries including death) will most likely require a much more in-depth investigation and many more agencies.

Why complete an accident investigation

In spite of their complexity, most accidents are preventable by eliminating one or more causes. Accident investigations determine not only what happened, but if possibly how and why. The information gained from these investigations can help to prevent a recurrence of similar or perhaps more disastrous accidents. Accident investigators are interested in each event as well as in the sequence of events that led to an accident. The accident type is also important to the investigator. The recurrence of accidents of a particular type or those with common causes show areas needing special accident prevention emphasis.

Investigative procedures

The actual procedures used in a particular investigation depend on the nature and results of the accident. The agency having jurisdiction over the location determines the administrative procedures. In general, responsible officials will appoint an individual to be in charge of the investigation (lead investigator). The lead investigator or his/her designee uses most of the following steps:

1. Define the scope of the investigation.
2. Select the investigator(s). Assign specific task(s) to each (preferably in writing).
3. Present a preliminary briefing to the investigating team, including:
    - Description of the accident, with damage estimates.
    - Normal operating procedures.
    - Maps (local and general).
    - Location of the accident site.
    - List of witnesses.

- Events that preceded the accident.

4. Visit the accident site to get updated information.
5. Inspect the accident site.
   - Secure the area and any evidence.
   - Prepare the necessary sketches and photographs. Label each carefully and keep accurate records.
   - Interview each victim and witness. Also interview those who were present before the accident and those who arrived at the site shortly after the accident. Keep accurate records of each interview (the use of a tape/digital recorder is recommended).
   - Determine
     i) What was happening just prior to the accident
     ii) Was anything unusual occurring before the accident?
     iii) Where did it happen?
     iv) When did it happen?
     v) How did it happen?
     vi) Why did the accident happen?
     vii) A likely sequence of events and probable causes (direct, indirect, basic).
     viii) Alternative sequences.
6. Conduct a post-investigation briefing.

FACT-FINDING

Gather as much evidence as possible, document and secure it. Remember unsecured evidence and a broken chain of custody renders your evidence usable in court. Gather information from those involved and witnesses and complete your reports as quickly as possible. Interviews should always be completed as soon as possible after an accident while information is fresh in everyone's mind. If possible, inspect the accident site before any changes occur. Take photographs and make sketches of the accident scene. Record all pertinent data on maps. Get copies of all reports. Documents containing normal operating procedures, flow diagrams, maintenance records, reports of difficulties or abnormalities are particularly useful. Keep complete and accurate notes in a bound notebook.

- Record pre-accident conditions,
- The accident sequence,
- And post-accident conditions.

In addition, document the location of victims, witnesses, machinery, energy sources, and hazardous materials. In some investigations, a particular physical or chemical law, principle, or property may explain a sequence of events. Include laws in the notes taken during the investigation or in the later analysis of data. In addition, gather data during the investigation that may lend itself to analysis by these laws, principles, or properties. An appendix in the final report can include an extended discussion.

INTERVIEWS

In general, experienced personnel should conduct interviews. On small (minor injuries, limited property damage) incidents and accidents the SOFR will most likely perform the interviews. On larger incidents and/or serious accidents (such as fatalities) a team should be assigned to this task. Team members should include an individual with a legal background. In conducting interviews, the team should:

1. Appoint a speaker for the investigation group.
2. Get preliminary statements as soon as possible from all witnesses.
3. Locate the position of each witness on a master chart (include their direction of view).
4. Arrange for a convenient time and place to talk to each witness.
5. Explain the purpose of the investigation (accident prevention) and put each witness at ease.
6. Listen, let each witness speak freely and be courteous and considerate.
7. Take notes without distracting the witness. Use a tape recorder to record the witness. (Record name, address, agency, phone #)
8. Use sketches and diagrams to help the witness.
9. Emphasize areas of direct observation. Label hearsay accordingly.
10. Be sincere and do not argue with the witness.
11. Record the exact words used by the witness to describe each observation. Do not "put words into a witness's mouth."
12. Word each question carefully and be sure the witness understands.
13. Identify the qualifications of each witness (occupation, experience, etc.).
14. Supply each witness with a copy of his or her statements. Signed statements are desirable.

After interviewing all witnesses, each witness' statement should be analyzed. It may be necessary to re-interview one or more witnesses to confirm or clarify key points. While there may be inconsistencies in witnesses' statements, investigators should assemble the available testimony into a logical order. Analyze this information along with data from the accident site. Not all people react in the same manner to a particular stimulus. For example, a witness within close proximity to the accident may have an entirely different story from one who

saw it at a distance. Some witnesses may also change their stories after they have discussed it with others. The reason for the change may be additional clues. A witness who has had a traumatic experience may not be able to recall the details of the accident. A witness who has a vested interest in the results of the investigation may offer biased testimony. Finally, eyesight, hearing, reaction time, and the general condition of each witness may affect his or her powers of observation. A witness may omit entire sequences because of a failure to observe them or because their importance was not realized.

INVESTIGATION REPORT

An accident investigation is not complete until a report is prepared and submitted to proper authorities. Fatalities or major accidents will involve multiple agencies, jurisdiction and levels of responsibilities, each may use their own special report forms and copies may be made available to the team. There may be instances that require a high degree of security, and the "team" may not have access to certain information. If this occurs, work as a team as much as possible and understand that the goals are the same for everyone, identifying the cause and subsequently the procedures to ensure the accident cause is mitigated so that this type of accident is less likely to occur again. These instances may require a more extensive report. Such reports are often very elaborate and may include a cover page, a title page, an abstract, a table of contents, a commentary or narrative portion, a discussion of probable causes, and a section on conclusions and recommendations.

The following outline has been found especially useful in developing the information to be included in the formal report:

1. Background Information
    - Where and when the accident occurred
    - Who and what were involved
    - Operating personnel and other witnesses
2. Account of the Accident (What happened?)
    - Sequence of events
    - Extent of damage
    - Accident type
    - Agency or source (of energy or hazardous material)
3. Discussion (Analysis of the Accident - HOW; WHY)
    - Direct causes (energy sources; hazardous materials)
    - Indirect causes (unsafe acts and conditions)
    - Basic causes (management policies; personal or environmental factors)

4. Recommendations (to prevent a recurrence) for immediate and long-range action to remedy:
    - Basic causes
    - Indirect causes
    - Direct causes (such as reduced quantities or protective equipment or structures)
    -

INVESTIGATION RESULTS ANALYSIS

Define the problem (What happened?).

1. Establish the norm (What should have happened?).
2. Identify, locate, and describe the change (What, where, when, to what extent).
3. Specify what was and was not affected.
4. Identify the distinctive features of the change.
5. List the possible causes.
6. Select the most likely causes.
7. Identify procedures to limit or alleviate the possibility of reoccurrences.
8. Provide a report to the person responsible for implementing procedures to limit or alleviate the possibility of reoccurrences.

Complete the "District 6 IMT SOFR Accident Investigation Form" which includes the recommended actions to prevent a recurrence. Distribute the report according to the distribution list at the end of the report. An investigation is not complete until all the data has been analyzed, documented and a final report is submitted. In practice, the investigative work, data analysis, and report preparation proceed simultaneously during the time spent on the investigation.

DISTRICT 6 SOFR ACCIDENT INVESTIGATION FORM INSTRUCTIONS

The following provides a section by section and line by line explanation of how to complete the accident Investigation form.

Sec. 1 INCIDENT / DEPOYMENT INFORMATION

(a) Incident Name	Assigned Incident name/title
(b) Incident Number	Assigned Incident number
(c) Incident location	Address of the incident
(d) County of Origin	County incident started in
(e)Operational period	Date and time incident started

Sec. 2- INVOLVED PERSON INFORMATION

(a) Additional Involved Persons YES NO #_____ and attached documentation YES NO # of pages _____	Circle YES if additional persons are involved and how many (# additional documents are attached and how many pages (#____)
(b) W, V, D-O-P, S, R/P	Circle the appropriate involvement
(c) Name:	Full name of person involved
(d) Address:	Involved persons Home address
(e)City	Involved persons Home City
(f) State	Involved persons Home State
(g) Zip:	Involved persons Home zip code
(h) Contact #	Involved persons contact number
(i) Last 4 of SSN	Last 4 digits of the involved persons social security number
(k) Home Agency:	Involved persons HOME Agency
(l) Home Agency Contact Person and #:	Home agency POC and contact number
(m) Driver's License #	Involved person Driver's License number
(n) State of Issue	State of Issue of (m)
(o) Special DL endorsements	Any special endorsements such as wide load, hazardous materials etc
(p) Emergency Contact & #	Personal emergency contact person and number (wife, husband, parents, other)
(q) Assigned to (Accident Specific):	Area/job duty the Involved person was assigned to at the time of the accident
(r) Call Sign:	Incident specific call sign
(s) Camp Location	Location of involved persons campsite/sleeping area/personal belonging
(t) Assignment:	Example: Indiana District 6/Roof/Security
(u) Group:	Group assignment
(v) Supervisor Name:	Name of immediate supervisor at incident
(w) Supervisors Title:	Title of immediate supervisor at incident
(x) Supervisor Contact #:	Immediate supervisor PHONE #
(y) Supervisor Call Sign and Frequency / TalkGroup:	Immediate supervisor Call Sign and Frequency / TalkGroup while at the deployed incident.

Sec. 3 ACCIDENT INFORMATION

(a) Accident Type:	Motor vehicle, fall, cut, etc.
(b) Date of Accident:	Date of Accident
(c) Day of the week:	Weekday of the accident Mon, Tues, Wed, etc.
(d) Time of Accident:	Approximate time the accident occurred
(e) Date Reported:	The Date the accident was REPORTED to a supervisor
(f) Time Reported:	The Time the accident was REPORTED to a supervisor
(g) If delayed WHY:	Explanation of why the report was delayed
(h) Reported to:	Who the accident was reported to
(i) Title:	Title of the person that the accident was reported to
(j) Contact #:	Contact # of the person that the accident was reported to
(k) Accident Location:	Location of where the accident occurred
(l) Weather Conditions	At the time of the accident, raining, icy, fog, etc.

Sec. 4 MOTOR VEHICLE

(a) Motor Vehicle Involved	Circle YES or NO
(b) Make	Make of Vehicle
(c) Model	Vehicle Model
(d) Color	Vehicle Color
(e) Year	Vehicle Year
(f) VIN	Vehicle Identification Number
(g) License Plate Number	Vehicle License Plate Number
(h) State of Issue	License Plate State of Issue
(i) Vehicle Owner:	Vehicle Owner
(j) Contact number of the Vehicle Owner:	Phone number of the owner
(k) Did LEO Investigate	Circle YES or NO
(l) Repot Number:	Law Enforcement Report Number
(m) Did LEO conduct field testing	Circle YES or NO
(n) Type	Description of field test
(o) Did LEO require additional testing	Circle YES or NO
(p) Type	Description of additional test
(q) Was involved person wearing a seat belt	Circle YES or NO
(r) Air Bag Deployed	Circle YES or NO
(s) Any mechanical issues prior to the accident	Circle YES or NO
(t) Did the mechanical issue contribute to the accident	Circle YES or NO
(u) Had the issue been reported	Circle YES or NO
(v) To whom?	Name of person the mechanical issue reported to
(w) Contact number	Phone # of person the mechanical issue reported to
(x) Date	Date the mechanical issue reported
(y) Time	Time the mechanical issue reported

Sec. 5 MEDICAL

(a) No Injury	Patient had no injuries Circle YES or NO
(b) No Treatment	Patient did not receive treatment Circle YES or NO
(c) Minor Treatment at scene	Patient received first aid treatment at the scene Circle YES or NO
(d) Minor care at Clinic or hospital	Patient received medical treatment at a care facility Circle YES or NO
(e) Requires ALS or BLS transport	Patient requires treatment beyond basic first aid Circle YES or NO

(f) Remained overnight in hospital	Patient remained in the hospital overnight Circle YES or NO
(g) In hospital >24 hrs	Patient remained in the hospital for more than 24 hours Circle YES or NO
(h) Future major medical/lost time anticipated	Patients injuries will require them to receive future medical treatments and an extended period of time off work Circle YES or NO
(i) Body Part Injured:	Example: lower right leg, palm of left hand
(j) Describe Injury:	Example: Cut to leg with a chain saw
(k) Describe patient care	What care was provided on scene prior to transport
(l) Transported by:	Who or what agency transported the victim from accident site
(m) Vehicle #	Number assigned to the transporting vehicle by governing authority
(n) Drivers Name	Name of the driver
(o) Crew name(s)	Names of the EMS crew
(p) Care Facility Name	Name of facility the patient was transported to
(q) Address	Address of the care facility the patient was transported to
(r) Contact #	Phone number to reach the facility the patient was transported to

Sec. 6 HAZARDOUS MATERIALS

(a) Hazardous Materials Involved	Circle Y if the injury was caused by a hazardous material and N if it was not
(b) Body Fluid Exposure	Circle Y if the patient was exposed to body fluids and N if he/she was not
(c) Product 1 Name:	Name of involved hazardous material
(d) UN Guide #	Number assigned, found in the NAERGB
(e) (A)cute (C)hronic	Circle (A) for Acute, Circle (C) for (C)hronic
(f) Route of Exposure	identify the route of exposure. Example: eyes, injection, penetration, inhalation, skin contact
(g) Signs and Symptoms	Signs and Symptoms of exposure
(h) Product 2 Name:	Name of involved hazardous material
(i) UN Guide #	Number assigned, found in the NAERGB
(j) (A)cute (C)hronic	Circle (A) for Acute, Circle (C) for (C)hronic
(k) Route of Exposure	identify the route of exposure. Example: eyes, injection, penetration, inhalation, skin contact
(l) Signs and Symptoms	Signs and Symptoms of exposure
(m) Product 3 Name:	Name of involved hazardous material
(n) UN Guide #	Number assigned, found in the NAERGB
(o) (A)cute (C)hronic	Circle (A) for Acute, Circle (C) for (C)hronic
(p) Route of Exposure	identify the route of exposure. Example: eyes, injection, penetration, inhalation, skin contact
(q) Signs and Symptoms	Signs and Symptoms of exposure
(r) Product 4 Name:	Name of involved hazardous material
(s) UN Guide #	Number assigned, found in the NAERGB
(t) (A)cute (C)hronic	Circle (A) for Acute, Circle (C) for (C)hronic
(u) Route of Exposure	identify the route of exposure. Example: eyes, injection, penetration, inhalation, skin contact
(v) Signs and Symptoms	Signs and Symptoms of exposure

Sec. 7 FACTORS CONTRIBUTING TO ACCIDENT

PPE in use:	Descriptive use area only
(a) Respiratory	Circle "Y" if the Involved person was using respiratory protection and "N" if he/she was not
(b) Eyes	Circle "Y" if the Involved person was using eye protection and "N" if he/she was not
(c) Hands	Circle "Y" if the Involved person was using hand protection and "N" if he/she was not
(d) Hearing	Circle "Y" if the Involved person was using hearing protection and "N" if he/she was not
(e) Head	Circle "Y" if the Involved person was using head protection and "N" if he/she was not
(f) Body	Circle "Y" if the Involved person was using body protection and "N" if he/she was not
(g) Feet	Circle "Y" if the Involved person was using feet protection and "N" if he/she was not
(h) Fall Protection	Circle "Y" if the Involved person was using fall protection and "N" if he/she was not
(i) Describe any unsafe acts:	Describe any witnessed unsafe acts that contributed to the accident
(j) Describe any unsafe conditions:	Describe any unsafe conditions that contributed to the accident
(k) Identify the cause(s) of the accident:	Document the cause of the accident
(l) Corrective action recommended to prevent a recurrence of a similar accident:	List any mitigation strategy that could be implemented to lesson the likelihood of a reoccurrence of the same accident
(m) Has corrective action been completed?	Circle "YES" if the corrective action has been completed and "NO" if it has not
(n) "If YES, date completed ____/____/_____"	Insert the date of the corrective action(s) completion
(o) "If NO, please explain:"	Explain why the corrective action has not been completed and list any factors that have caused the delay in its implementation
(p) Person responsible for implementing corrective action:	Insert the name of the person responsible to ensure that the corrective action strategy is implemented
(q) Affiliation:	List the agency affiliation for the person responsible to ensure that the corrective action strategy is implemented
(r) Phone #:	List the contact number for the person responsible to ensure that the corrective action strategy is implemented

Sec. 8 INVESTIGATION

(a) Investigators name:	Primary investigators full name
(b) Element/Agency:	Primary investigators department of affiliation
(c) Contact Cell #:	Investigators phone # (Cell)
(d) Contact Office #:	Investigators office #
(e) Date & Time investigation started:	Actual date and time the investigation was started
(f) Date & Time completed:	Actual date and time the investigation was completed
(g) Address	Investigators address

Sec. 9 INVESTIGATORS NARRITIVE

(a) Investigators written report	Area designated for the investigator to document his/he observations and findings
(b) Attachment listing	Area designated to list all additional attachments
(c) Investigators Signature	
(d) Title	Investigators title
(e) Follow up action required:	Circle "YES" if follow up action is required to ensure corrective actions have been completed and "NO" if one is not needed
(f) Follow up action taken:	Describe any follow actions taken
(g) Date of follow up meeting	Insert the date that a follow up will take place
(h) Follow up contact person:	Contact person for follow up meeting
(i) Phone #:	Follow up meeting contacts phone number

Sec. 10 INVESTIGATORS - SKETCH/DIAGRAM

(a) Sketch Area:	Sketch the incident area and show as much detail as possible.
(b) Drawn By:	Name of person that created sketch/diagram
(c) Date:	Date completed
(d) Scale:	Indicate to near scale or not to scale

Sec. 11 PHOTO LOG

(a) Incident Name	Assigned Incident name/title
(b) Incident Number	Assigned Incident number
(c) Photographer name	Person taking photograph(s)
(d) Address	Photographer mailing address
(e) Phone #	Contact # for the photographer
(f) Photo #:	Identifying photo #
(g) Description	Provide a description of photo
(h) Direction facing	Direction the photographer was facing when the photo was taken
(i) Date and time taken	Date and time each photo was taken
(j) Additional photos available from photographer	Circle "YES" if additional photos of the scene available from the photographer and "NO" if none are available
"Attach photos to report"	Photos should be attached to the report

Sec. 12 EVIDENCE LOG

(a) Incident Name	Assigned Incident name/title
(b) Incident Number	Assigned Incident number
(c) Evidence identified	Has each piece of evidence been tagged, labeled or marked
(d) Evidence Collected	Circle YES or NO
(e) Collectors Name	Name of person doing actual collection (use a separate sheet for each collector)
(f) Address	Photographer mailing address
(g) Phone #	Contact # for the photographer
(h) Evidence Secured	Circle YES or NO
(i) Item #	Number assigned to evidence collected
(j) Description	Physical description of the evidence collected
(k) Collected	Has the piece of evidence been collected
(l) Date and Time	Date and Time the evidence was collected
(m) Delivered by/Received By	Name of person that is transferring the evidence and the name of the person receiving it.

Sec. 13 Distribution Log:

(a) Incident Name	Print your full name and sign upon receiving a copy of this report
(b) Incident Number	Incident number
(c) Incident Commander	Full name of the Incident Commander or OIC
(d) Documentation Unit Leader	Full name of the Documentation Unit Leader or OIC
(e) Name	Name of person receiving copy
(f) Date and Time delivered:	Date and Time that the persons received their copy of the report
(g) Phone	Phone number of the person receiving a copy of the report
(h) Email	Email number of the person receiving a copy of the report

Sec. 14 INVOLVED PERSON - STATEMENT

(a) Incident Name	Assigned Incident name/title
(b) Incident Number	Assigned Incident number
(c) Accident Date	Date of the accident
(d) Involved Person Name	Full name of person involved
(e) Address:	Involved person Home address
(f) Involved Person Phone	Involved person Home phone number
(g) Written Statement	Written statement of involved person
(h) Sign (print)	Printed signature of person making written statement
(i) Signature	Signature of person making written statement
(j) Date	Date of written statement

Sec. 15 INVOLVED PERSON - SKETCH/DIAGRAM

(a) Sketch Area:	Sketch the incident area and show as much detail as possible.
(b) Drawn By:	Name of person that created sketch/diagram
(c) Date:	Date completed
(d) Scale:	Indicate to near scale or not to scale

Sec. 16 WITNESS INFORMATION and STATEMENT - WRITTEN

(a) Incident Name	Assigned Incident name/title
(b) Incident Number	Assigned Incident number
(c) Accident Date	Date of accident
(d) Name:	Full name of witness involved
(e) Address:	Witness's Home address
(f) Phone #	Witness's contact number

Sec. 17 WITNESS - SKETCH/DIAGRAM

(a) Sketch Area:	Sketch the incident area and show as much detail as possible.
(b) Drawn By:	Name of person that created sketch/diagram
(c) Date:	Date completed
(d) Scale:	Indicate to near scale or not to scale

Indiana
District 6 Task Force Safety Officer

ACCIDENT INVESTIGATION FORM

Section 1 INCIDENT INFORMATION

(a) Incident name:	(b) Incident number:	
(c) Incident Location:	(d) County:	(e) Operational period when accident occurred:

Section 2 INVOLVED PERSON INFORMATION

(a) Additional Involved Persons YES NO #_____ and attached documentation YES NO # of pages _____

(b) W= witness, V= victim, D-O-P= driver/operator/pilot, S= suspect, R/P= reporting person Circle all that apply

(c) Name:		(d) Address:	
(e) City:		(f) State:	(g) Zip:
(h) Contact #:		(i) Last 4 of SSN:	(j) Date of Birth:
(k) Home Agency:		(l) Home Agency Contact Person and #:	
(m) Drivers License Number:	(n) State of Issue:	(o) Special Drivers License Endorsements:	
(p) Emergency Contact person and phone number:		(q) Job/Work Assignment:	
(r) Call Sign:		(s) Camp Location:	
(t) Assignment:		(u) Group:	
(v) Supervisor Name:		(w) Supervisors Title:	
(x) Supervisor Contact #:		(y) Supervisor Call Sign and Frequency / TalkGroup:	

Section 3 ACCIDENT INFORMATION

(a) Accident Type:	(b) Date of Accident:	(c) Day of the week:	(d)Time of Accident:	(e) Date Reported:
(f) Time Reported:	(g) If reporting was delayed more than 1 hour please explain why:			
(h) Reported to:		(i) Title:		(j) Contact #:
(k) Specific Accident Location:			(l) Weather Conditions at the time of the accident:	

Section 4 MOTOR VEHICLE (Complete ONLY if a Motor Vehicle was involved)

(a) Motor Vehicle YES NO	(b) Make	(c) Model	(d) Color	(e) Year	(g) Plate #	(h) State
(f) VIN						
(i) Vehicle Owner						(j) Contact #
(k) Did law enforcement investigate and complete a report?: YES NO						(l) Report #:
(m) Did law enforcement conduct field testing?: YES NO						(n) Type:
(o) Did law enforcement require additional testing elsewhere?: YES NO						(p) Type:
(q) Was involved person wearing a seat belt?: YES NO						(r) Air bag deployed YES NO
(s) Any mechanical issues prior to the accident?: YES NO						
(t) Did the mechanical issue contribute to the accident?: YES NO						
(u) Had the issue been reported?: YES NO						
(v) To whom?:					(w) Contact #	
(x) Date:		(y) Time:				

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Section 5 MEDICAL

Involved Person (If more than one, a complete form must be filed for each person)

(a) No Injury Y N	(b) No treatment Y N	(c) Minor treatment on scene Y N	(d) Minor care at clinic or hospital Y N	(e) Required BLS or ALS transport to care facility Y N	(f) Remained overnight in hospital as an in-patient Y N	(g) In hospital >24 hrs Y N	(h) Future major medical/lost time anticipated Y N

(i) Body Part Injured:	(j) Describe Injury:
(k) Describe patient care:	

(l) Transported By:	(m) Vehicle #:	(n) Driver Name
		(o) Crew Name(s)
(p) Care Facility Name:		(q) Address / (r) Contact #

Section 6 HAZARDOUS MATERIALS/BIOLOGICAL

(a) Hazardous Materials Involved Y N	(b) Body Fluid Exposure Y N	(A)cute (C)hronic	Route of exposure

(c) Product 1:	(d) UN ID and Guide #	(e)	(f)
(g) Signs and Symptoms			
(h) Product 2:	(i) UN ID and Guide #	(j)	(k)
(l) Signs and Symptoms			
(m) Product 3:	(n) UN ID and Guide #	(o)	(p)
(q) Signs and Symptoms			
(r) Product 4:	(s) UN ID and Guide #	(t)	(u)
(v) Signs and Symptoms			

Section 7 FACTORS CONTRIBUTING TO ACCIDENT

PPE in use:	Respirator	Eyes	Hands	Hearing	Head	Body	Feet	Fall Protection
	(a) Y N	(b) Y N	(c) Y N	(d) Y N	(e) Y N	(f) Y N	(g) Y N	(h) Y N

(i) Describe any Unsafe acts:

(j) Describe any Unsafe conditions:

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(k) Identify the cause(s) of the accident:
(l) *Corrective action recommended to prevent a recurrence of a similar accident:*

(m) Has corrective action been completed? Yes No	(n) If YES, date completed ____/_____/_____
(o) If NO, please explain why not:	

(p) Person responsible for implementing corrective action:	(q) Affiliation:	(r) Phone #:

Section 8 INVESTIGATION

(a) Investigators name:	(b) Group/Agency:
(c) Contact Cell #:	(d) Contact Office #:
(e) Date & Time investigation started:	(f) Date & Time completed:
(g) Address:	

Section 9 INVESTIGATORS NARRATIVE

(a) Investigators written report

(b) List any attachments such as involved person and witness statements, photographs, police reports, maps, etc:

Attachment #	Description

(c) Investigators Signature:	(d) Title:
(e) Follow up action required: YES NO	(f) Follow up action taken:
(g) Date of follow up meeting: _____/_____/_____	
(h) Follow up contact person:	
(i) Phone # [for (h)]:	

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Section 10 SKETCH/DIAGRAM

(a) Please sketch the incident area as you saw it. Include reference points (intersection, fire hydrants, structures, etc) and indicate which direction is North and identify all drawn objects. Provide measurements if possible.

(b) Drawn by:	(c) Date & Time completed:	(d) Scale: NOT TO SCALE ☐ TO NEAR SCALE ☐

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Section 11 PHOTO LOG

(a) Incident name:	(b) Incident number:	
(c) Photographer Name:	(d) Address:	(e) Phone #:

(f) Photo #:	(g) Description	(h) Direction Facing	(i) Date and Time Taken:

(j) Additional photos available from photographer YES NO	"Attach photos to report"

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Section 11 PHOTO LOG

(a) Incident name:	(b) Incident number:	
(c) Photographer Name:	(d) Address:	(e) Phone #:

(f) Photo #:	(g) Description	(h) Direction Facing	(i) Date and Time Taken:

(j) Additional photos available from photographer YES NO	"Attach photos to report"

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Section 11 PHOTO LOG

(a) Incident name:	(b) Incident number:	
(c) Photographer Name:	(d) Address:	(e) Phone #:

(f) Photo #:	(g) Description	(h) Facing	(i) Date and Time Taken:

(j) Additional photos available from photographer YES NO	"Attach photos to report"

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ACCIDENT INVESTIGATION FORM
EVIDENCE/ITEMS LOG

Section 12 EVIDENCE/ITEMS LOG

(a) Incident name:	(b) Incident number:	
(c) Evidence/Items Identified YES NO	(d) Evidence/Items Collected YES NO	
(e) Collectors Name:	(f) Address	(g) Phone #:
(h) Evidence/Items secured for authorities and chain of custody maintained YES NO		

(i) Item #:	(j) Description	(k) Collected Y N	(l) Date and Time	(m) Delivered by/ received by

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Section 12 EVIDENCE/ITEMS LOG

(a) Incident name:	(b) Incident number:

(i) Item #:	(j) Description	(k) Collected Y N	(l) Date and Time	(m) Delivered by/ received by

Section 12 EVIDENCE/ITEMS LOG

(a) Incident name:	(b) Incident number:

(i) Item #:	(j) Description	(k) Collected Y N	(l) Date and Time	(m) Delivered by/ received by

ACCIDENT INVESTIGATION FORM
DISTRIBUTION LOG

Section 13 DISTRIBUTION LOG	
(a) Incident name:	(b) Incident number:
(c) Incident Commander	(d) Documentation Unit Leader

(e) Name	(f) Date / Time	(g) Phone	(h) Email

Indiana
District 6 Task Force Safety Officer

ACCIDENT INVESTIGATION FORM
"Involved Person Statement"

Section 14 INVOLVED PERSON STATEMENT		
(a) Incident Name:	(b) Incident #:	(c) Accident Date:
(d) Name of witness:	(e) Address:	(f) Phone #:

(g) Written Statement: (Describe the accident as you saw it. Include any actions that you observed. Please include any equipment, object or substance that was involved. Have you discussed this incident with any other persons? If yes please Include who and when.)

(h) Name (print):	(i) Signature:	(j) Date and Time:

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Section 15 SKETCH/DIAGRAM

(a) Please sketch the accident area as you saw it. Include reference points (intersection, fire hydrants, structures, etc), indicate which direction is North and identify all drawn objects. Please indicate your position and direction of view.

(b) Drawn by:	(c) Date and Time Completed:	(d) Scale: NOT TO SCALE ☐ TO NEAR SCALE ☐

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Indiana
District 6 Task Force Safety Officer

ACCIDENT INVESTIGATION FORM
"Witness Statement"

Section 16 **WITNESS INFORMATION and STATEMENT**		
(a) Incident Name:	(b) Incident #:	(c) Accident Date:
(d) Name of witness:	(e) Address:	(f) Phone #:
(g) Written Statement: (Describe the accident as you saw it. Include any actions that you observed. Please include any equipment, object or substance that was involved. Have you discussed this incident with any other persons? If yes please Include who and when.)		
(h) Name (print):	(i) Signature:	(j) Date and Time:

Section 17	**SKETCH/DIAGRAM**

(a) Please sketch the accident area as you saw it. Include reference points (intersection, fire hydrants, structures, etc), indicate which direction is North and identify all drawn objects. Please indicate your position and direction of view.

(b) Drawn by:	(c) Date and Time Completed:	(d) Scale: NOT TO SCALE ☐ TO NEAR SCALE ☐