

INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 60 – ACCIDENT INVESTIGATION AND REPORTING

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CHAPTER 60 – ACCIDENT INVESTIGATION AND REPORTING

60.01 – Authority. The authority to conduct an accident investigation is contained in 5 U.S.C. 7902; 29 CFR 1904; Executive Order 12196, Section 1-201 (6); Department of Agriculture, Forest Service Handbook, 6700; and Chapter 7, Part 485, Department Manual, Department of the Interior.

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 in accordance with instructions provided by the Agency Administrator in the Delegation of Authority.
2. 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.
3. First line supervisors (immediate supervisors) are responsible for:
 - A. Implementing the safety program.
 - B. Ensuring their subordinates perform activities in a safe manner.
 - C. Initiating accident investigation and reporting procedures through the Safety Officer and Finance/Administration Section.
4. 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.

Serious Accident. Accidents that result in one or more fatalities, equipment damage totaling \$250,000 or more, or the hospitalization of three or more personnel.

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.

62 – ACCIDENT INVESTIGATION. The purpose of an accident investigation is to discover and define those environmental, management, and human performance factors that have combined, or could have combined, to produce an accident or incident and to prevent future occurrences. This includes, but is not limited to deaths, personal injuries, occupational illnesses, entrapments, close calls, and damage or destruction to real or personal property involving government or private entities.

Users of this handbook should obtain incident agency procedures or policies for investigations.

1. Serious accidents involving federal employees or on federal fires will be investigated by an interagency investigation team following the policy outlined in the Memorandum of Understanding between the United States Department of the Interior and the United States Department of Agriculture, October 26, 1995.

2. Aircraft accidents occurring during incident operations will be investigated by the National Transportation Safety Board, the United States Department of Agriculture, Forest Service, and the United States Department of the Interior in accordance with established law and agreements.

3. An accident investigation shall:

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 purpose of investigating entrapments and near misses is to determine the cause(s) and to identify preventative measures. 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. (For current guidelines concerning accident investigation see Mangan, Richard J. Investigating Wildland Fire Entrapments, Missoula Technology Development Center, 2001.)

64 – ACCIDENT OR INCIDENT REPORTING REQUIREMENTS AND PROCEDURES.

These procedures are outlined by the type of accident, the report forms required, the initiator, and the recipient in Section 66, Exhibits 01-03. The IMT obtains agency-specific direction for on-site fatality protocol from the incident agency.

An independent investigation team must prepare a supplemental narrative report for the following:

1. Any fatality(s).
2. Hospitalization of three or more individuals.
3. Loss of body function.
4. Incapacitation expected to last over 30 days.
5. Damage to government property exceeding \$5,000, excluding resource damage.
6. Actual or potential serious injury to private person and substantial damage or destruction of private property.

The official case file should contain the investigator's notes, accident brief, appendix material, description of the investigation, and any relating correspondence.

64.1 – Motor Vehicle Accidents. Motor vehicle or equipment accidents involving government vehicles or occurring in connection with government activities (e.g., incident activities) are documented using the Motor Vehicle Accident Report, SF-91, and the Statement of Witness, SF-94, (Section 66, Exhibits 04 and 05). Refer to Section 66, Exhibit 02, for reporting procedures. In addition, the incident agency may require law enforcement reports.

65 – ACCIDENT REVIEW. The accident review is used to provide the Agency Administrator and the IMT an overview of the problem, status of solutions to date, and recommendations for resolving the problem. Corrective actions can then be implemented to prevent future accidents.

Corrective action should be handled by first-line supervisors with Safety Officer involvement. Management will provide direction to all parties involved in the accident and any others exposed to similar risks to mitigate future occurrences.

66 – EXHIBITS

66 – Exhibit 01

INJURY NOTIFICATION PROCESS

<p>Injury/Illness does not require leaving work assignment at time of injury.</p>	<p>Oral or written report to supervisor</p>	<p>If the employee chooses to document the injury/illness, submit reporting form to</p>
<p>Injury/Illness requires some medical attention (EMT, Medical Unit) but employee can return to work.</p>	<p>Oral or written report to supervisor</p>	<p>Compensation for Injury Specialist (INJR). See Chapter 10, Section 15.</p>
<p>Injury/Illness requires attention at a medical facility, other than first aid at the incident, but the employee can return to work.</p>	<p>Reporting forms to supervisor</p>	<p>Safety Officer and INJR review. INJR completes additional forms as described in Chapter 10, Section 15.</p>
<p>Serious accident, amputation, incapacitation, fatality.</p>	<p>Reporting forms to supervisor</p>	<p>IC notified through appropriate Section Chief. Additional investigation activated. Documentation completed as in Chapter 10, Section 15.</p>

Reporting forms include:

- CA-1, Report of Traumatic Injury and Claim for Compensation
- CA-2, Notice of Occupational Disease and Claim for Compensation
- Appropriate state injury compensation forms.

66 – Exhibit 02

MOTOR VEHICLE OR EQUIPMENT ACCIDENT REPORTING PROCEDURES

<u>ACCIDENT TYPE</u>	<u>FORM</u>	<u>INITIATOR</u>	<u>RECIPIENT</u>
Motor vehicle /equipment	SF-91	Operator	1. Immediate Supervisor 2. Safety Officer 3. Law Enforcement 4. Comp/Claims Unit 5. Incident Agency 6. Home Unit
	SF-94	Witness, if any	Same as above

Reporting forms include:

SF-91, Motor Vehicle Accident Report
SF-94, Statement of Witness
Appropriate state forms
Law enforcement reports/forms

66 – Exhibit 03

SERIOUS INJURY OR AIRCRAFT ACCIDENT CHECKLIST

IC must approve all releases of information from the incident organization.

DO NOT TRANSMIT NAMES OR INFORMATION ON THE RADIO.

Agency Administrator is the only authorized source of information on names, etc., of victims.

DATE AND TIME COMPLETED:

1. _____ Provide care for victims, obtain suitable transportation to hospital.
2. _____ If death(s) results: DO NOT MOVE DECEASED.
3. _____ Secure site, protect evidence, relay information on need for coroner to supervisor, Safety Officer, or IC.
4. _____ Do not release information to anyone except to your supervisor, Safety Officer, or incident management team.
5. _____ Identify witnesses, ensure availability of witnesses to the Safety Officer for statements as soon as possible. Witnesses should be counseled on appropriate time to release information.
6. _____ Immediately notify the Safety Officer who will coordinate the preliminary investigation, take statements, and confirm the following notifications.
 - A. _____ IC:
 - (1) _____ Coordinates with Agency Administrator.
 - (2) _____ Initiates ordering of a Critical Incident Stress Debriefing (CISD) Team.
 - B. _____ Operations Section Chief:
 - (1) _____ Modifies activities to meet the needs of the accident investigation.
 - (2) _____ Air Operations Director:
 - (a) _____ Arranges air transportation as needed.

66 – Exhibit 03 – Continued

SERIOUS INJURY OR AIRCRAFT ACCIDENT CHECKLIST

- (b) _____ Coordinates air mission, resolves conflicts.
 - (c) _____ Confirms hospital notifications if victims are transported by air.
 - (d) _____ Notifies National, Regional, or State Air Safety Officer.
- C. _____ Finance/Administration Section Chief:
- (1) _____ Compensation/Claims Unit Leader.
 - (2) _____ Time Unit Leader.
- D. _____ Planning Section Chief:
- _____ Resource Unit Leader.
- E. _____ Logistics Section Chief:
- (1) _____ Medical Unit Leader.
 - (2) _____ Security.
- F. _____ Information Officer:
- (1) _____ As requested, arranges for photo documentation.
 - (2) _____ Handles media releases following Agency Administrator approval through the IC.

66 - Exhibit 04

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) <u>Jacket Raer L.</u>			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS <u>CD-J164395 "C"</u>		3. DATE OF ACCIDENT <u>06/30/XX</u>		
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS <u>Interior - Capote Agency PDB 9000 Oxford, CO 81109</u>				4b. WORK TELEPHONE NUMBER <u>(970) 565-4511</u>			
5. TAG OR IDENTIFICATION NUMBER <u>G61-23694</u>		6. EST. REPAIR COST <u>\$ 800</u>	7. YEAR OF VEHICLE <u>1994</u>	8. MAKE <u>Chevy</u>	9. MODEL <u>S-10</u>	10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE <u>Right Front Fender, Passenger door crushed</u>							
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)							
12. DRIVER'S NAME (Last, first, middle) <u>Hererja Juan S.</u>			13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS <u>CD-H943652 "C"</u>				
14a. DRIVER'S WORK ADDRESS <u>955 Camino del Rio, Durango CO 81302</u>				14b. WORK TELEPHONE NUMBER <u>(970) 254-8824</u>			
15a. DRIVER'S HOME ADDRESS <u>1160 SR 151, Tiffany, CO 81144</u>				15b. HOME TELEPHONE NUMBER <u>(970) 883-1637</u>			
16. DESCRIBE VEHICLE DAMAGE <u>Front Grill, Left Front Fender, Bumper crushed</u>							
18. YEAR OF VEHICLE <u>1992</u>		19. MAKE OF VEHICLE <u>Dodge</u>		20. MODEL OF VEHICLE <u>Ram</u>		21. TAG NUMBER AND STATE <u>1214 VX CO</u>	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS <u>Farmland Insurance 3345 N. Main, Durango CO 81302</u>				22b. POLICY NUMBER <u>P29763-429</u>			
22c. TELEPHONE NUMBER <u>(970) 385-1616</u>				22d. TELEPHONE NUMBER <u>(970) 883-1637</u>			
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle) <u>Hererja, Juan S.</u>					
25. OWNER'S ADDRESS(ES) <u>Same as above</u>							
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)							
26. NAME (Last, first, middle) <u>N/A</u>			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					
a. NAME OF STREET OR HIGHWAY <u>N/A</u>				b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO			
46. Pedestrian 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 04 - Continued

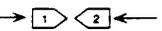
MOTOR VEHICLE ACCIDENT REPORT, SF-91

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT: 06/30/XX
 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): BIA Road 729 about 4 miles from junction with C.R. 318 on Mesa Mountain. Dirt surfaced Roads
 49. TIME OF ACCIDENT: 8:45 AM (PM)

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

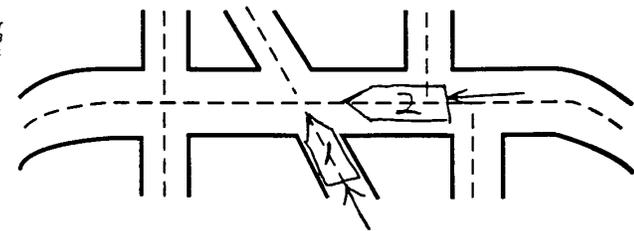
a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.
 Example: 

b. Use solid line to show path before accident and broken line after the accident. 

c. Show pedestrian by 

d. Show railroad by ++++++ 

e. Place arrow in this circle to indicate NORTH 



51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
	<input checked="" type="checkbox"/>	a. FRONT
<input checked="" type="checkbox"/>		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		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.).

Fed vehicle was searching for a reported fire. It was pulling out from a well access road (without stopping) when it was struck by #1. Both vehicles were traveling between 15-20mph on a smooth dirt surface. The windshield of the Fed vehicle was dusty and the driver may have been hampered with looking into a setting sun.

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A. 53. NAME (Last, first, middle): Duran, Randy R.
 54. WORK TELEPHONE NUMBER: (970) 565-4511
 55. HOME TELEPHONE NUMBER: (970) 563-0059
 56. BUSINESS ADDRESS: P.O. B. 9000, Oxford CO
 57. HOME ADDRESS: 165 Browning Janacio CO 81137
 58. NAME (Last, first, middle):
 59. WORK TELEPHONE NUMBER:
 60. HOME TELEPHONE NUMBER:
 B. 61. BUSINESS ADDRESS:
 62. HOME ADDRESS:

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER: N/A
 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: Sgt. Truely Accurate
 68b. BADGE NUMBER: SU 965
 68c. TELEPHONE NUMBER: (970) 563-2323
 69. PRECINCT OR HEADQUARTERS: Capote Tribe Police Dept.
 70a. PERSON CHARGED WITH ACCIDENT: R. Jacket
 70b. VIOLATION(S): # 7365

66 - Exhibit 04 - 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 Roger Jacket - Forestry Tech.	71b. DRIVER'S SIGNATURE AND DATE <i>Roger Jacket</i>
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SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN Oxford Forestry Station	73. DESTINATION Mesa Mountain
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74. EXACT PURPOSE OF TRIP
Fire Suppression

75. TRIP BEGAN	DATE	TIME (Circle one)	76. ACCIDENT OCCURRED	DATE	TIME (Circle one)
	6/30/xx	6:00 <input checked="" type="radio"/> a.m. <input checked="" type="radio"/> p.m.		6/30/xx	8:45 <input checked="" type="radio"/> a.m. <input checked="" type="radio"/> p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input checked="" type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
--	--

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain) Fire reported at 5:30 pm + crew was called in to respond.	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
---	---

81. COMPLETED BY DRIVER'S SUPERVISOR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	b. COMMENTS
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82a. NAME AND TITLE OF SUPERVISOR Johnson O'Mally FMO	82b. SUPERVISOR'S SIGNATURE AND DATE <i>Johnson O'Mally</i>	82c. TELEPHONE NUMBER (970) 565-4511
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66 - Exhibit 04 - 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. Roger Jacket	6/30/XX	c. Juan Hererju	6/30/96
b. Randy Duran	6/30	d.	

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

52. Uncontrolled intersection with good visability for 100-200 feet from intersection. The federal vehicle failed to yeild to a vehicle on main road but the driver of the PDV could see the approaching vehicle in time to stop.

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

Statement of Witness - Randy Duran

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

None

87. ACCIDENT INVESTIGATOR		88. ACCIDENT REVIEWING OFFICIAL	
a. SIGNATURE AND DATE		a. SIGNATURE AND DATE	
<i>Truely Accurate 7/2/XX</i>		<i>Fairly Safe</i>	
b. NAME (First, middle, last)		b. NAME (First, middle, last)	
<i>Truely Accurate</i>		<i>Fairly Safe</i>	
c. TITLE		c. TITLE	
<i>Sargent</i>		<i>Safety Officer</i>	
d. OFFICE		d. OFFICE	
<i>Capote Tribe Police Dept.</i>		<i>Capote Agency</i>	
e. OFFICE TELEPHONE NUMBER		e. OFFICE TELEPHONE NUMBER	
<i>(970) 563-2323</i>		<i>(970) 565-4511</i>	

66 – Exhibit 05 – 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.