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## APPENDIX K

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# UCR FPU ACCIDENT/INCIDENT REPORTING GUIDE

# **UPPER COLORADO RIVER INTERAGENCY FIRE MANAGEMENT UNIT ACCIDENT/INCIDENT REPORTING GUIDE**

## *Guidelines for Reporting:*

**Personal Injuries**

**Occupational Illnesses**

**Motor Vehicle Accidents**

**Property Damage**

**USDA FS/USDI BLM  
2002**

This reporting guide describes how to prepare reporting documents following accidents or property damage. This guide is for Forest Service and Bureau of Land Management employees while on official duty that have an accident while operating government vehicles, or equipment.

**All incidents, accidents and subsequent reports must be brought to the attention of the district ranger/field office manager and safety officer as soon as possible.** Reporting protects the employee as well as the government. Assuring there is proof of the injury or “compliance of duty” in case of an accident or injury protects the employee. The government is protected by documentation of the actual events.

Report serious accidents, Injuries and property damage immediately to the Safety Officer. If the accident/injury occurs in:

- WRF Vacant 970-945-3236 (office)
- GMF Blake Patton 970-240-5407
- GJBLM Bill Putre 970-641-2337 ext. 242 (office)
- GSBLM Bill Putre 970-641-2337 ext. 242 (office)

## HOW TO USE THIS GUIDE

**First:** Turn to page four, follow the flow chart, and answer the questions until you reach the end of the column; at that point you will be directed as to which actions and forms are required.

**Next:** Turn to the attachment covering the specific type of incident occurred, i.e., Employee Injuries. This section gives specific directions on completing the paperwork.

Page 9 gives the accident notification list and general guidelines on reporting and investigations.

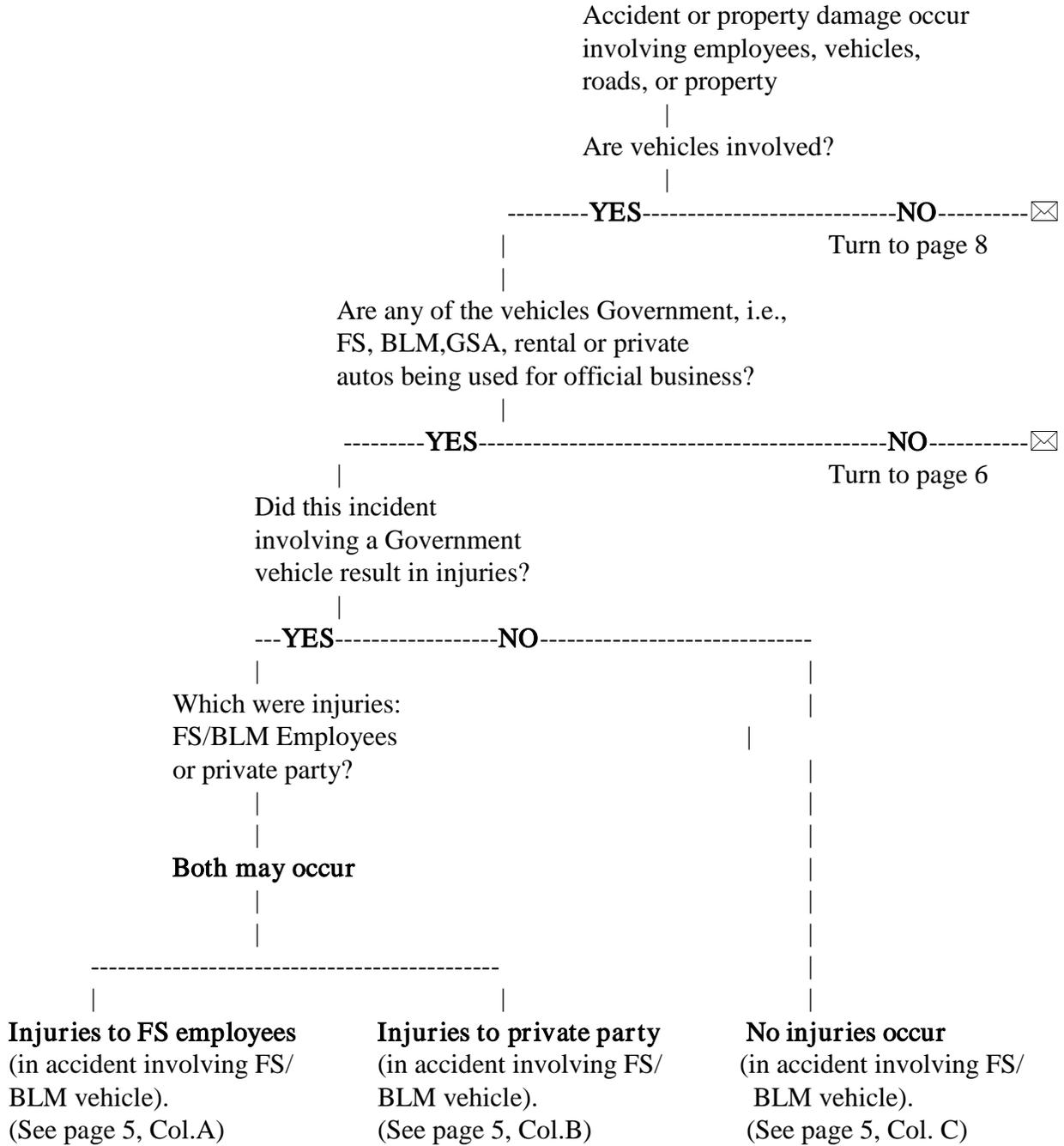
## COVERAGE AND ELIGIBILITY FOR PERSONAL INJURY

The Federal Employees' Compensation Act (FECA) provides for all reasonable and necessary medical expenses, loss of income and wage-earning capacity, transportation expenses, rehabilitation costs, and death and burial expenses incurred as a result of an on-the-job injury or disease/illness. Benefits will not be paid if the injury or death was caused by the employee's willful misconduct, intoxication, intent to cause injury to self or others, or deviation from course of travel to conduct personal business.

All FS/BLM employees, regardless of type or duration of appointment, are covered. This coverage is available during work hours and during travel status if performing duties within the scope of employment. Coverage is not limited to FS/BLM or other Government locations, but extends to any point where the employee may be engaged in official duties. Coverage is generally available at any geographical location, except at points where the employee has deviated from a normal route for personal reasons or personal convenience.

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**COLUMN A**

**COLUMN B**

**COLUMN C**

1. Apply appropriate first aid: get medical assistance if needed.

2. Exchange name, address, and license plate numbers with participants and witnesses

3. Contact immediate Supervisor, District Ranger / Field Office Manager / and Safety Officer.

4. Contact Police if injuries, vehicle damage, or if private vehicle, individual, or property is involved.

5. Follow procedure for reporting listed in Attachment A and B.

**Complete before leaving scene**

SF-91 Vehicle Report  
SF-94 Witness Report

**Complete promptly after accident**

AD-112 Property Damage  
CA-1 Injury Report  
CA-16 Medical Treatment  
FS-6100-16 Agency Provided Medical Care (APMC)  
DI-134 (BLM)

1. Apply appropriate first aid: get medical assistance if needed.

2. Exchange name, address, and license plate numbers with participants and witnesses.

3. Contact immediate Supervisor, District Ranger /Field Office Manager / and Safety Officer.

4. Contact Police if injuries, vehicle damage, or if private vehicle, individual or property is involved.

5. Follow procedure for reporting listed in Attachment A and B.

**Complete before leaving scene**

SF-91 Vehicle Report  
SF-94 Witness Report

**Complete promptly after accident**

AD-112 Property Damage  
6700-8 Non-Employee Incident (if fatalities)  
DI-134 (BLM)

1. Exchange names, address, and license #'s, including witnesses.

2. Contact immediate Supervisor, District Ranger /Field Office Manager / and Safety Officer.

3. Contact Police if damage or injury.

4. Follow procedure for reporting listed in Attachments A and B.

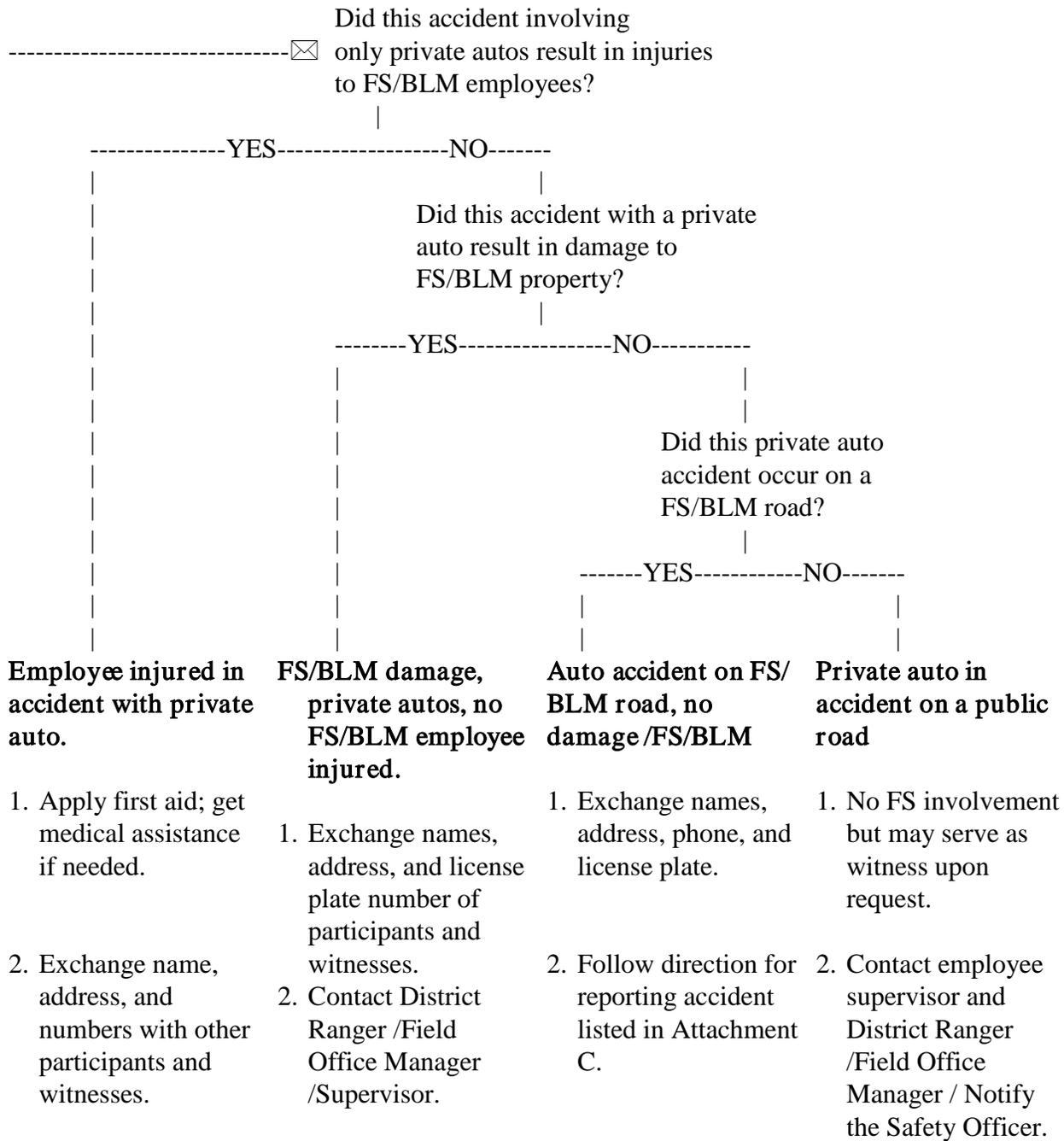
**Complete before leaving scene**

SF-91 Vehicle Accident  
SF-94 Witness Report

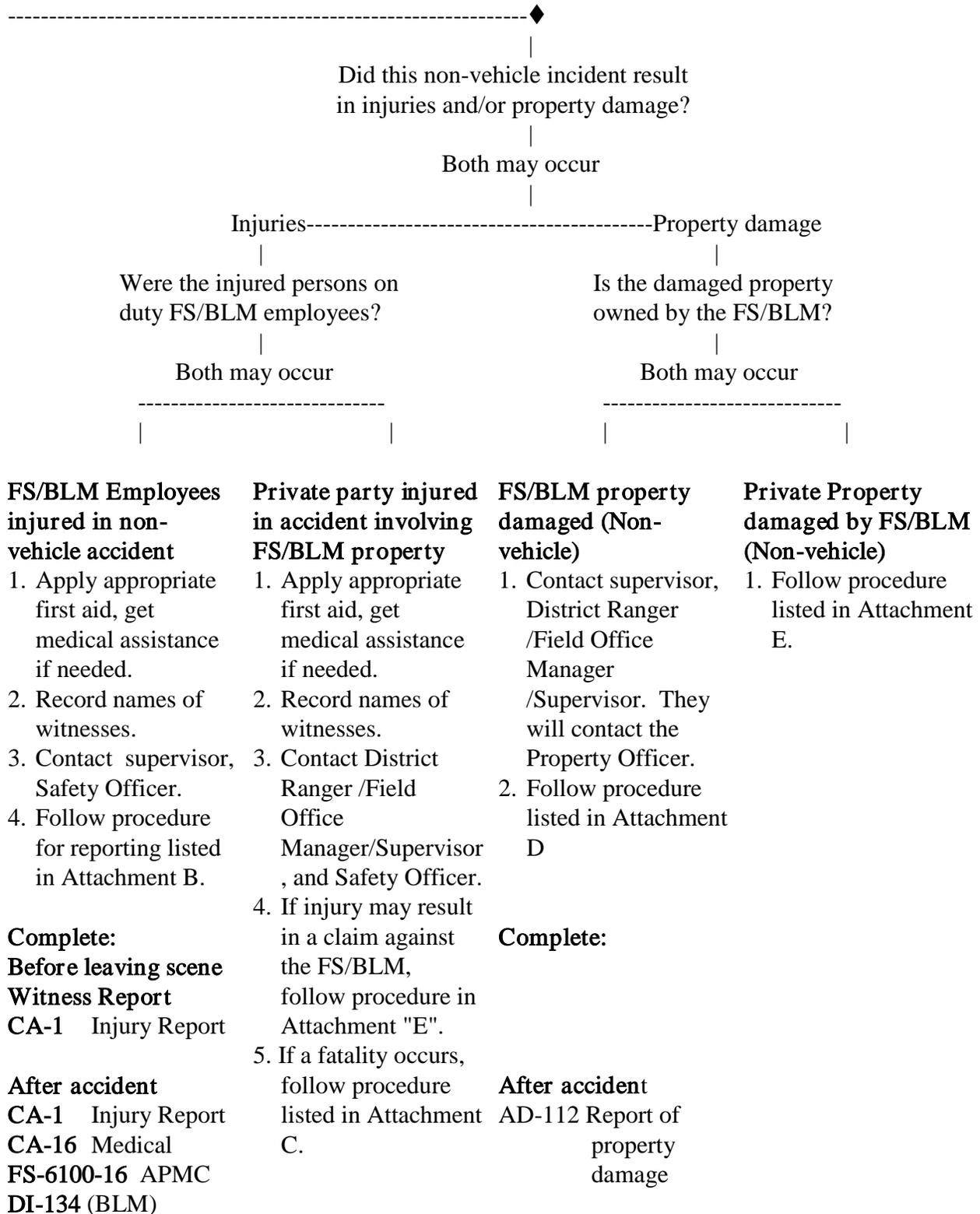
**Complete promptly after accident**

AD-112 Property Damage  
DI-134 (BLM)

----- (Go to page 8) ----- ☒



<b>Employee injured in accident with private auto.</b>	<b>FS/BLM damage, private autos, no FS employee injured.</b>	<b>Auto accident on FS/BLM road, no damage /injury to FS/BLM.</b>
3. Contact employee supervisor and District Ranger /Field Office Manager / Notify the Safety Officer.	3. Contact Police Notify the Safety Officer.	
4. Contact Police if injury requires treatment or any vehicle damage.	4. Follow procedure for reporting listed in Attachment D and attach copy of SF-94 to AD-112. Attachment C applies if accident occurred on FS/BLM road.	
5. Follow procedure for reporting listed in Attachments A and B.		
<b>Complete after accident</b>	<b>Complete after accident</b>	<b>Complete before leaving scene</b>
CA-1 Injury Report	AD-112 Report of Property Damage	6700-8 Non-Employee Incident
CA-16 Medical Treatment	DI-134 (BLM)	
FS-6100-16 APMC		
AD-112 (If FS/BLM property also damaged.)		
DI-134 (BLM)		



## ACCIDENT NOTIFICATION LIST

Notify the following individuals of major accidents, in order shown:

### When Forest Supervisor or Center Manager notification is required

	Office	Home	Cellular
Martha Ketelle, Forest Supervisor(WRF)	970-945-3200		
Robert Storch, Forest Supervisor(GMF)	970-874-6685		
Mark Stiles, Center Manager(BLM)	970-240-5375		

## INVESTIGATION

All accidents, regardless of severity, require some degree of investigation. Investigations for minor injuries do not require the same effort as an accident involving hospitalization of several employees. Investigate every accident to the extent necessary to determine the facts, conditions, and background factors present to determine appropriate preventive measures. The unit on which the accident occurs begins the investigation immediately, regardless of what organizational level ultimately is charged with the investigation responsibility (FSH 6709.12 Sec. 34).

Contact local FS/BLM Law Enforcement Officers and Safety Officer.

## REPORTING MOTOR VEHICLE ACCIDENTS

All motor vehicle accidents are reportable. Determine damage by obtaining repair estimates. The amount is a combination of all damage involved in the incident, including private vehicles or property. Review all Motor Vehicle Accidents reports by the responsible Ranger, Field Office Manager and have a page attached listing the Statement of: Cause of Accident/Injury, Corrective action to be taken, Signature of Unit Leader.

Submit complete reports of investigation to the Supervisor's Office/ Center Managers office within five days following an accident. Send the Injury / Illness reports to your OWCP manager and Motor Vehicle Accident reports to the Safety Officer.

### *Reporting injuries*

Immediately after any injury occurs, the employee should give written notice of the injury while on official duty to the supervisor, using the CA-1 form. The supervisor must complete the CA-1. Forward the CA-1 forms to the OWCP manager so it can be sent to the OWCP District Office within 10 working days following date of accident. This copy is the employee's official claim for workers' compensation benefits.

### *Reporting illnesses*

An occupational disease or illness is a condition that occurs over time and results from: A systemic infection, or continued or repeated stress or strain, or continued exposure to toxic substances, poisons, or fumes.

An employee must report an occupational illness or disease on a CA-2 form if the disease or illness was caused while on official duty and / or: The illness/disease causes disability for work beyond the day or shift during which it was reported; It appears that the condition will result in prolonged treatment, permanent disability, or serious disfigurement of the head, face, or neck; The condition has resulted (or will likely result) in a charge for medical or other related expenses.

Forward the CA-2 forms to the OWCP manager so it can be sent to the OWCP District Office within 10 working days following employee submittal. This is the employee's official claim for workers' compensation benefits. The supervisor must fill out the copy and give it to the OWCP manager so that the information can be properly recorded.

### *Reporting treatment through contract medical care*

Under restricted circumstances, employees, including those who become ill or injured while engaged in any activity on our unit may be provided initial emergency medical assistance under APMC (Agency Provided Medical Care). See Appendix B, Injury Definitions for use of APMC. {These must be job-related occurrences of minor traumatic injury or illness/disease, that do not involve lost time, and medical treatment beyond first aid is not anticipated}. Authorization and treatment are limited to one visit, and with special circumstances, will permit one or more follow-up visits. USE FS-6100-16/BLM use CA-16

**REPORT ALL ACCIDENTS ON THE PROPER FORMS WITHIN 48 HOURS!**

***Remember - never admit guilt, do not talk to insurance representatives, lawyers or other investigators after an incident and refer them to the claims section or law enforcement at your supervising office.***

Employees in the field or travel status need to be aware of the location of the nearest USFS / BLM office and not hesitate to contact them for Law Enforcement investigators, regardless of your home unit affiliation.

**Attachments:**

- A Vehicle Accident
- B Employees Injury
- C Private Party Accidents
- D Damage to Property
- E Potential Claims Against the Government
- F Hazardous Materials
- G Accident / Incident Evaluation Guide
- H Forms and Directives

**ATTACHMENT A**

**FS/BLM MOTOR VEHICLE ACCIDENTS**

When accidents occur involving vehicles, whether owned, leased, or rented (includes private vehicle on official use), these forms apply:

- SF-91**            Operator's Report of Motor Vehicle Accident
- SF-94**            Statement of Witness
- AD-112**          Report of Unserviceable, Lost or Damaged Property
- DI-134**          (BLM)

The flow chart on page 13 traces the path that the motor vehicle accident forms should follow. Further information on the handling of these forms is provided.

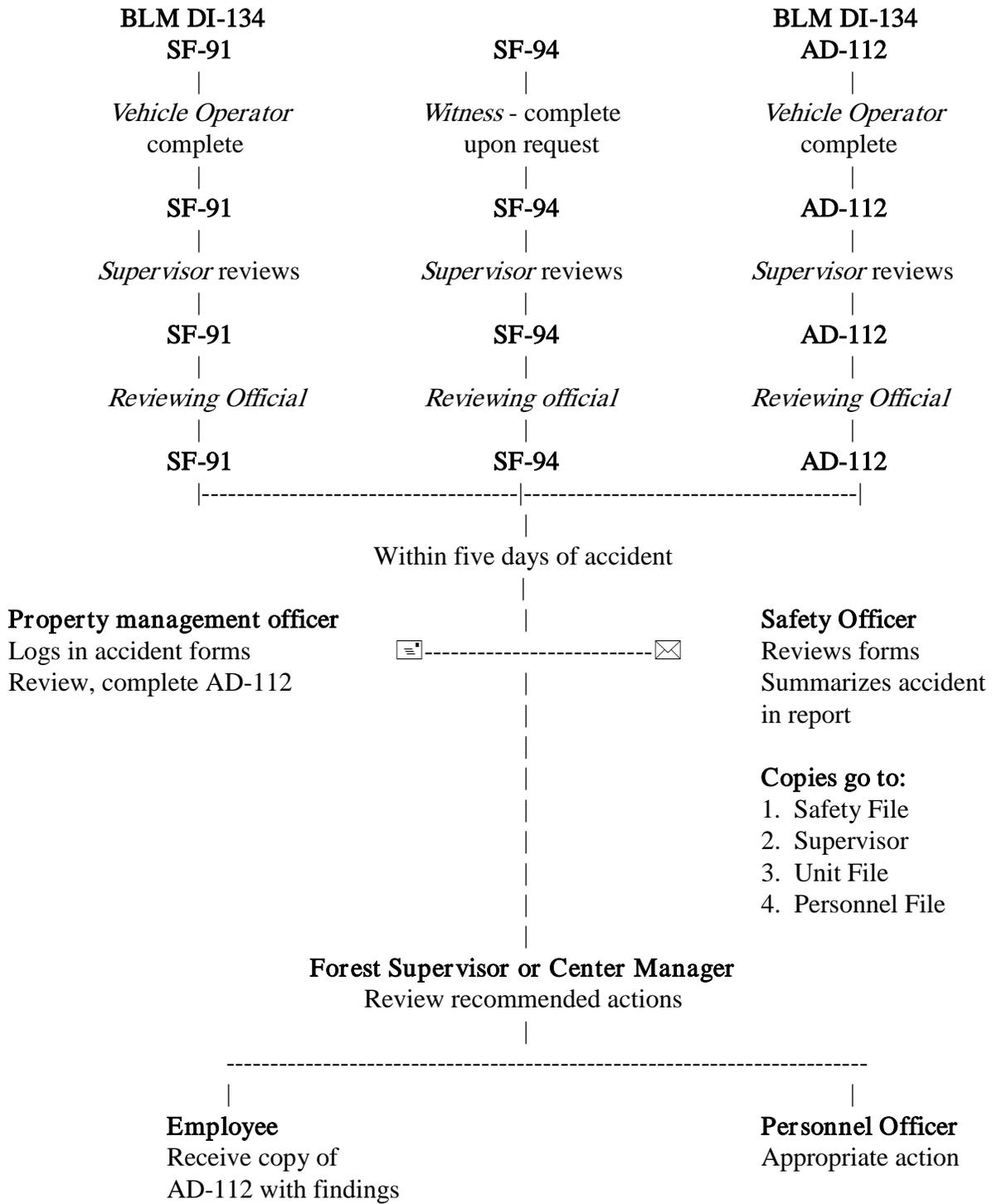
If there are injuries to any personnel, use additional forms: CA-1, CA-16,(BLM DI-134) See Attachment B.

If a private vehicle is also damaged, and the owner wishes to make a claim against the Government, SF-95 applies. See FSM 6573 and Attachment E.

**MOTOR VEHICLE ACCIDENT**

<b>Event</b>	<b>Initial notification and action required</b>
Total damages up to \$1,000 as a result of a motor vehicle accident involving a Government-owned, -leased, or -rented motor vehicle (includes private vehicle on official use).	Immediately notify the District Ranger / Field Office Manager/Supervisor/Safety Officer who will designate and send investigation team.
Total damage in excess of \$1,000 as a result of a motor vehicle accident involving a Government -owned, -leased, or -rented motor vehicle (includes private vehicle on official use).	Immediate notification of the Regional Office or Center Manager Office, the Center Manager or Forest Supervisor will designate and send investigation team.

**VEHICLE ACCIDENT REPORTING**



### SF-91 Operator's Report of Motor Vehicle Accident

1. The **vehicle operator** completes the SF-91 immediately after an accident. Gather the information while at the scene of the accident. Forward the SF-91 promptly to the driver's supervisor.
2. The **supervisor** must review the SF-91 to ensure that it is accurate, and complete before it is forwarded to the District Ranger/Field Office Manager responsible for the employee.
3. The **District Ranger / Field Office Manager** will serve as Reviewing Official. The SF-91 must reach the **Safety Officer** within seven days of the accident.
4. The **Safety Officer** will log in all reports. The **Fleet Manager** will receive a copy. Incomplete forms will be returned to the subunit with notice indicating what additional information is required.
5. Further information on the flow of SF-91 is included in the instructions for Review of the Accident File, page 15

### SF-94 Statement of Witness

1. The witness statement will be requested by the **vehicle operator** or other FS/BLM personnel on the scene. It should be requested immediately and completed before leaving the accident scene, particularly when witnesses are non-employees. Submit the SF-94 promptly to the driver's Supervisor.
2. The **supervisor** will ensure that the SF-94 is as complete as possible. Forward the SF-94 with the SF-91 to the **District Ranger / Field Office Manager** responsible for the employee.
3. The **District Ranger/ Field Office Manager** will serve as the Reviewing Official. The SF-94 must reach the Safety Officer within seven days of the accident.
4. Further information on processing of the SF-94 is in the instructions for Review on the Accident File, page 15.

### AD-112 Report of Unserviceable, Lost, or Damaged Property

1. The AD-112 is initiated by the **vehicle operator** when any vehicle is damaged. The operator must complete Section F. The description of the property damage in section F must include a valid project number to which the damages may be charged. Forward the form promptly to the employee's Supervisor.
2. The **supervisor** will review the AD-112 and ensure that it is accurate and complete, and forward it to the District Ranger/Field Office Manager.
3. **District Ranger / Field Office Manager** will complete Section A and sign as Accountable Officer. Submit the AD-112 to the Fleet Manager within seven days of the vehicle damage, with a copy sent to the Safety Officer.
4. Included is further information on the processing of AD-112's for vehicle accidents in the instructions for Review of the Accident File, page 15.

### Review of the Accident File

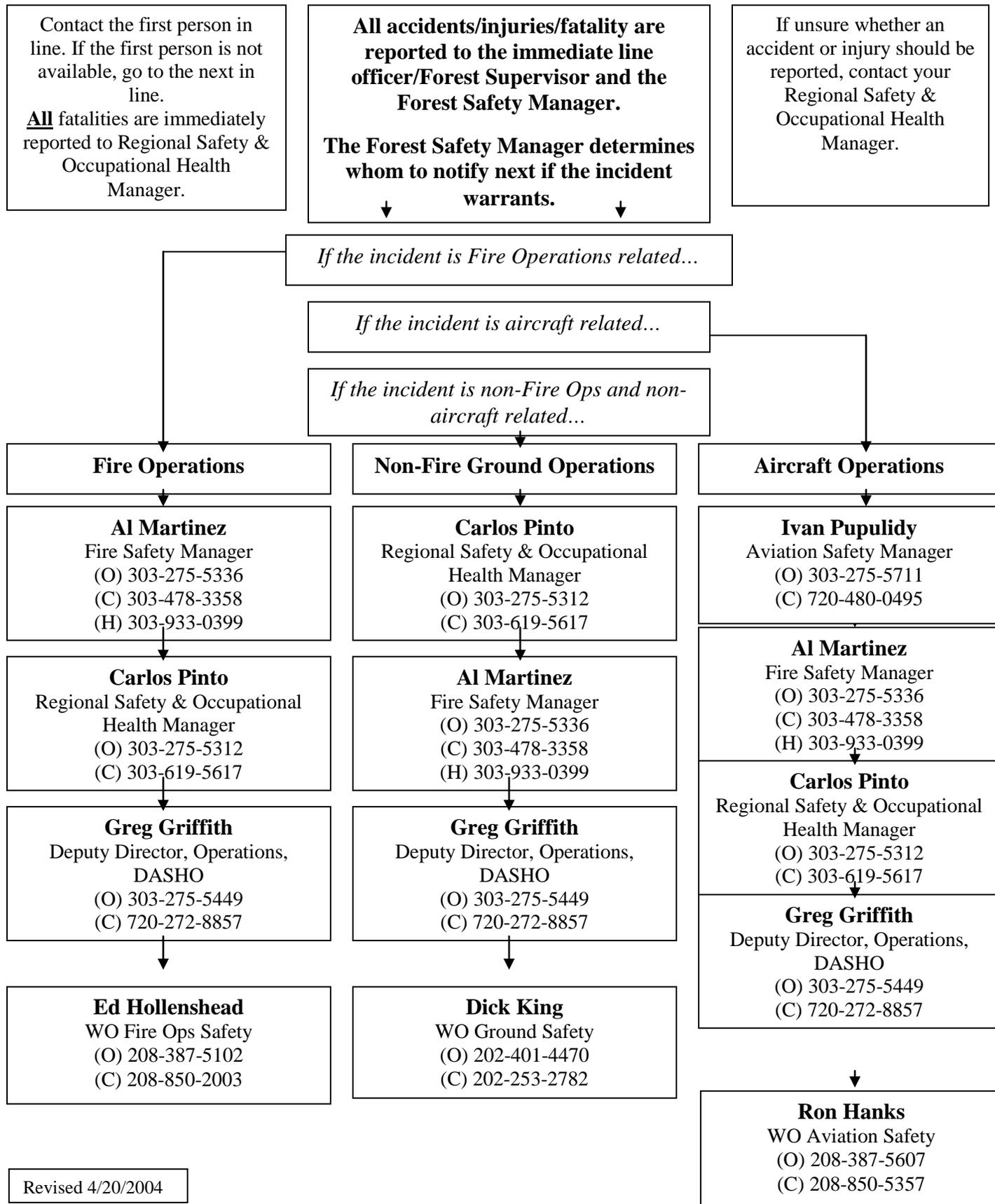
1. **The Safety Officer** will enter the receipt of all forms in a control log indicating date received, type of report, and status. Use a separate section of the control log for each program area. Send a copy of the log sheet quarterly to the District Ranger / Field Office Manager.

The **Safety Officer** will examine all reports to ensure they are complete. Further information may be requested: witness statements, photographs, etc. Incomplete forms will be returned to the subunit with a notice indicating what information is needed. When the reports are complete, copies of the accident file will be sent to the Fleet Manager, the Criminal Investigator and to Claims, if appropriate.

2. The **Claims Officer** will review the original AD-112. If appropriate, a claim will be initiated at this point. The AD-112 will then be forwarded to the Fleet Manager.
5. The **Fleet Manager** will complete the log on the AD-112 and ensure the accident file is complete.

ATTACHMENT B

**Region 2 Accident/Injury/Fatality Notification Flow Chart**



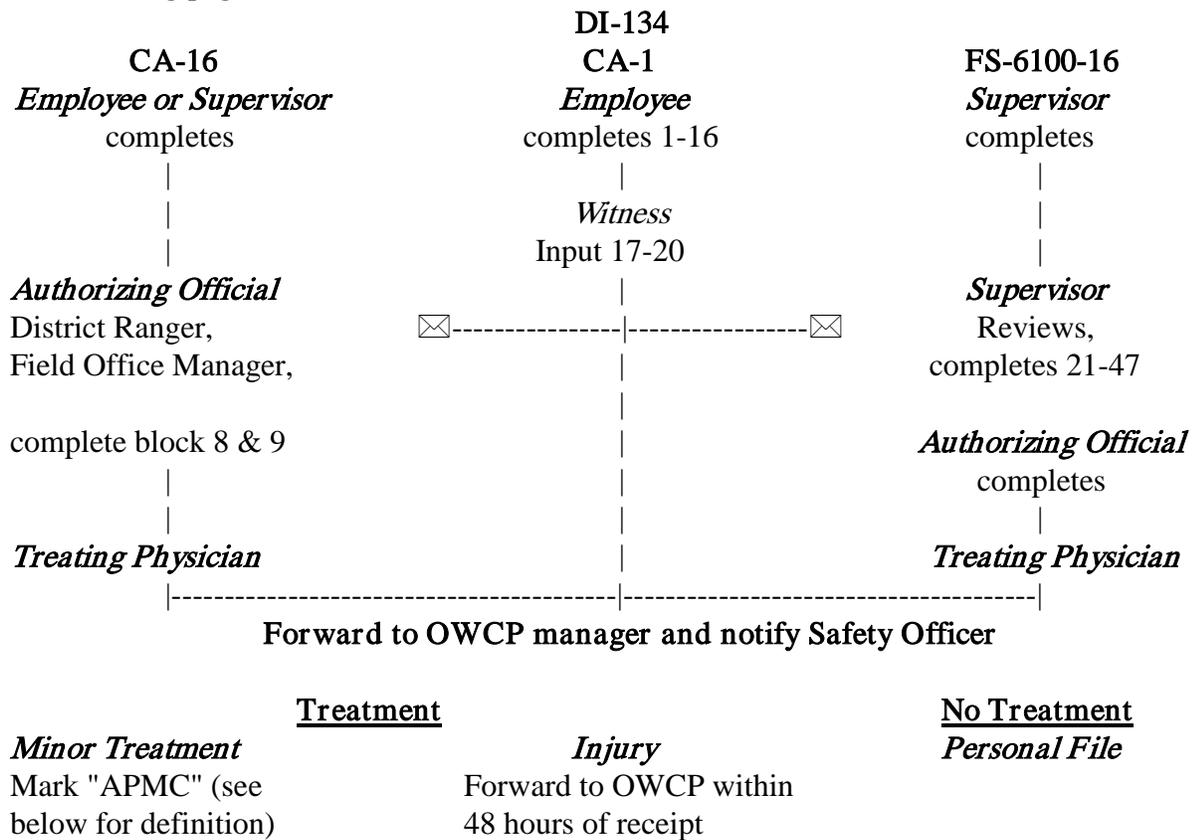
Revised 4/20/2004

### REPORTING EMPLOYEE INJURIES, ILLNESS'S OR FATALITIES

When accidents occur in which employees are injured or killed, the following forms may apply:

- DI-134** Report of Accident/Incident
- CA-1** Federal Employee's Notice of Traumatic Injury.
- CA-16** Request for Examination and Treatment.
- FS-6100-16** Agency Provided Medical Care Authorization (APMC)
- CA-6** Report of Fatality

See the summary of injury-related forms in the diagram below and in the directions provided in the following pages.



The CA-2 may apply to cases where an employee had not suffered an immediate or traumatic injury, but is suffering from an occupational disease, illness, or gradually developing injury. If the CA-2 applies, it will replace the CA-1. **DO NOT issue a CA -16 for an occupational illness. See below for definitions.**

**NOTIFICATION OF AN OCCUPATIONAL INJURY / ILLNESS**

<b>Event</b>	<b>Initial Notification and Action Required</b>
Minor injury or illness.	District Ranger / Field Office Manager notification, through the work supervisor when CA-1 or CA-2 is filled out.
Serious injury or illness; including broken bones, eye injuries, poisoning, burns, or chemical contamination.	Immediately notify the Safety Officer, and Center Manager / Forest Supervisor. The District Ranger/Field Office Manager will send investigation Team.
Severe injury or illness, requiring hospitalization.	Immediate notification of the Safety Officer, and the State or Regional Office, the Field Office Manager or Forest Supervisor will designate and send investigation team.
<b>For Any of the Following:</b>	<b>Initial Notification Action Required</b>
Occupation fatality (or likely death) to Forest Service employee or enrollees.	Immediate notification thru the Safety Officer of the Director’s / Chief’s Office, through the State or Regional Office.
<b>OR</b>	
One or more private citizens die (or death likely) as result of Forest Service activity.	Notify the Safety Officer. The Chief’s/Director’s Office shall notify the USDA/USDI Safety and Health Management Division, who shall in turn notify Department of Labor (DOL) OSHA.
<b>OR</b>	
Five or more employees, enrollees, and / or private citizens are hospitalized.	Immediately notify the Safety Officer. The Center Manager or Forest Supervisor will designate and send initial investigation team before arrival of Director’s/Chief’s team.

## INJURY/ILLNESS DEFINITIONS

A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain, and which occurs during one shift of work or during one calendar day. The injury must be identifiable by time and place of occurrence and member or function of the body affected. It is this last criterion that sets apart a traumatic injury from an occupational disease. A Report of Traumatic Injury and Claim for Compensation, Form CA-1, (Rev. 9/93), is used to file a notice of Injury.

*Examples:* (1) If someone falls and is cut or breaks a bone, it is an injury. (2) In the course of duties, an individual is exposed to poison oak on one day and contracts a rash. Since the exposure is only once, happening during one working shift, this condition would be classified as an injury.

Compensation may be claimed for damage to prosthetic devices, medical braces, eyeglasses and hearing aids. This is strictly limited to damage caused at the time of the injury and the injury must require medical attention. In other words, if the person does not seek medical treatment, no claim for damaged property can be filed.

### **TYPES OF INJURIES:**

#### *First Aid Cases*

Injuries/illnesses involving treatment where no expense is incurred and no lost time beyond the date of injury is expected. These do not need to be reported to OWCP. The employee's home unit will file the documented first aid cases in the OPF.

#### *Agency Provided Medical Care (APMC) Cases.*

Injury/illness cases involving only one APMC visit with no lost time charged to sick or annual leave, or COP; and similar cases that require only one follow-up APMC visit during non-duty hours. Such cases are not reportable to OWCP and are not chargeable. The employee's home unit will file these claims in the OPF.

Cases involving only one APMC visit with no lost time charged to sick or annual leave, or COP; and similar cases that require only one follow-up APMC visit during non-duty hours, are not reportable to OWCP and are not chargeable. **THEY ARE REPORTED TO THE OWCP Manager.** Clearly mark all first aid type cases in the upper right-hand portion of the CA-1 - CA-2 "First aid injury/Medical care paid by APMC", forward to the OWCP manager.

#### *OWCP Reportable Cases.*

Injury/Illness cases involving medical expense to the individual or OWCP, lost time beyond the date of injury (time charged to sick, annual leave, LWOP, or COP), and/or anticipated disability. This includes cases where a Request for Examination and Treatment, CA-16 is issued, where APMC follow-up treatment is required, and where treatment necessitates time loss during work hours. This OWCP requirement is to ensure that the individual's rights are met.

### *Occupational Illness/Disease.*

A disease that is produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, or fumes; or other continued and repeated exposure to conditions of the work environment over a longer period of time. In order to qualify as a disease, the condition must be caused by exposure or activities on at least two days. The form used with occupational disease claims is the CA-2 (Rev, 9/93). DO NOT issue a CA-16 without prior approval of OWCP.

Examples: (1) An employee whose job consists of digging every day who develops tendonitis in the arm after two or more days from the continued digging has suffered a disease; as opposed to the employee who develops the tendonitis on the first day or who develops it as a result of severe striking of a rock or other item, in which case the tendonitis is considered an injury. (2) Colds, sore throats, flu, heart attacks, nervous conditions, emphysema, and dermatitis are illnesses.

### *Recurrence*

A disability is considered to be a recurrence when, after recovering from an injury or illness and returning to work, the individual is again disabled and there has been no event, action or apparent cause or reason for the disability except for the previous injury. A CA 2a (Rev 9/93) is used to report a recurrence.

### *Reporting Fatalities*

When an employee dies because of an on-the-job injury or illness, the supervisor should immediately report the fatality to their District Ranger / Field Office Manager, who will in turn notify the Forest Supervisor or Center Manager. The Safety Officer will contact the appropriate OWCP District Office by telegraph or telephone. Forward the top copies of the CA-6 form to the OWCP District Office. Send the carbon copy to the Safety Officer. Send the forms to the USDA/USDI Washington Office Safety and Health Management Division within seven working days after submission of the initial report.

### CA-1 Federal Employee's Notice of Traumatic Injury, etc.

Complete the CA-1 for any injury, no matter how minor. This form documents the time and extent of the injury and compliance of duty should information ever be needed later.

1. The injured employee (or his / her supervisor) will complete the CA-1 in blocks' 1-15, summarizing the injury.
2. Any witnesses to the injury will complete blocks 16. If more than one witness report is needed, attach additional sheets of paper.
3. The immediate supervisor of the employee must complete blocks' 17-38 to document the employee's report. The supervisor will ensure that all information is complete and accurate.

Complete the *OWCP Agency Code*. For Job Corps, use 1142; YCC use 8629; and all other FS/BLM employees, use 8625; Older American Program, use 8638; FS/BLM Volunteers, use 8640, FS/BLM Hosted Programs, use 8642. **For injuries and illnesses incurred on the Fireline; while in fire camp; during transportation (air or ground) for suppression or surveillance purposes, use the code 8641.** The OSHA Site Code for the Rocky Mountain Research Station is FT. Refer to OSHA 2014 for completing OWCP Agency Code; OSHA Site Code, and Codes in block 13 a, b, c. Forward completed CA-1 to the OWCP Manager within three days.

*Occupational Code:* Begin with the two letters of the employee's pay plan, GS, GM, WG (?? is used for nonstandard occupations such as FS/BLM Volunteers) followed by the four numbers of the occupational series (i.e., GS-0462). The most common nonstandard codes for the FS/BLM are: FS/BLM Volunteer-462, SCSEP Enrollee AD-0000.

The supervisor will forward the completed CA-1 to the Authorizing Official (District Ranger / Field Office Manager).

4. OWCP Manager will begin a file for each employee injury that requires medical treatment. Retain the CA-1 in that file along with any other pertinent information, such as doctor's reports, AD-112 and correspondence regarding the injury.

An employee is required to give her/his supervisor written notice of injury on Form CA-1 within 30 days after a work related injury. Compensation may be denied if notice of injury is not given within 30 days, or if the supervisor does not have actual knowledge of the injury.

## CA-2 Federal Employee's Notice of Occupational Disease

Complete the CA-2 for any illness or disease. This form documents the place and extent of the illness or disease, should information ever be needed later.

1. The injured employee will complete the CA-2 in blocks' 1-18.
2. The immediate supervisor of the employee must complete blocks' 19-34 to document the employee's report. The supervisor will ensure all information is complete and accurate.

Complete the *OWCP Agency Code*. For Job Corps, use 1142; YCC use 8629; all other FS/BLM, use 8625; Older American Program, use 8638; FS/BLM Volunteers, use 8640, FS/BLM Hosted Programs, use 8642. **For injuries and illnesses incurred on the fireline; while in fire camp; during transportation (air or ground) for suppression or surveillance purposes, use the code 8641.** The OSHA Site Code for the Rocky Mountain Research Station is FT. Refer to OSHA 2014 for completing OWCP Agency Code; OSHA Site Code, and Codes in block 19c. Forward completed CA-2 to the OWCP Manager within three days.

*Occupational Code:* Begin with the two letters of the employee's pay plan, GS, GM, WG (?? is used for nonstandard occupations such as FS/BLM Volunteers) followed by the four numbers of the occupational series (i.e., GS-0462). The most common nonstandard codes for the FS/BLM are: FS/BLM Volunteer -462, SCSEP Enrollee AD-0000.

The supervisor will forward the completed CA-2 to the Authorizing Official (District Ranger / Field Office Manager).

4. Retain the CA-2 in a file along with any other pertinent information, such as doctor's reports, AD-112 and correspondence regarding the case. Place a copy in the employee's OWCP file.

An employee is required to give his / her supervisor written notice of illness or disease on Form CA-2 within three years of the date when the employee first became aware of a causal relationship between the disease / illness and employment, or the date of last exposure (whichever is later.) Compensation may be denied if notice of injury is not given within three years, or if the supervisor does not have actual knowledge of the illness / disease.

## CA-16 Request for Examination and/or Treatment

Complete the CA-2 for any illness or disease. This form documents the place and extent of the illness or disease, should information ever be needed later.

1. The injured employee will complete the CA-2 in blocks' 1-18.
2. The immediate supervisor of the employee must complete blocks' 19-34 to document the employee's report. The supervisor will ensure all information is complete and accurate.

Complete the *OWCP Agency Code*. For Job Corps, use 1142; YCC use 8629; all other FS/BLM, use 8625; Older American Program, use 8638; FS/BLM Volunteers, use 8640, FS/BLM Hosted Programs, use 8642. **For injuries and illnesses incurred on the fireline; while in fire camp; during transportation (air or ground) for suppression or surveillance purposes, use the code 8641.** The OSHA Site Code for the Rocky Mountain Research Station is FT. Refer to OSHA 2014 for completing OWCP Agency Code; OSHA Site Code, and Codes in block 19c. Forward completed CA-2 to the OWCP Manager within three days.

*Occupational Code:* Begin with the two letters of the employee's pay plan, GS, GM, WG (?? is used for nonstandard occupations such as FS/BLM Volunteers) followed by the four numbers of the occupational series (i.e., GS-0462). The most common nonstandard codes for the FS/BLM are: FS/BLM Volunteer -462, SCSEP Enrollee AD-0000.

The supervisor will forward the completed CA-2 to the Authorizing Official (District Ranger / Field Office Manager).

4. Retain the CA-2 in a file along with any other pertinent information, such as doctor's reports, AD-112 and correspondence regarding the case. Place a copy in the employee's OWCP file.

An employee is required to give his / her supervisor written notice of illness or disease on Form CA-2 within three years of the date when the employee first became aware of a causal relationship between the disease / illness and employment, or the date of last exposure (whichever is later.) Compensation may be denied if notice of injury is not given within three years, or if the supervisor does not have actual knowledge of the illness / disease.

**FS-6100-16 AGENCY PROVIDED MEDICAL CARE**  
*AUTHORIZATION AND MEDICAL REPORT*

If handling the injury as Agency Provided Medical Care (APMC), a CA-1 must still be prepared for every employee, however, a CA-16 **MUST NOT BE ISSUED FOR FS. BLM MAY USE CA-16**

FS-6100-16 (3/88)/BLM CA-16 must be completed by the Authorizing Official (District Ranger / Field Office Manager) **PRIOR** to the employee going to the doctor. This is the authorization for treatment.

Clearly mark the CA-1 in RED across the top that the treatment was by Agency Provided Medical Care (APMC). "Treatment was by Agency Provided Medical Care - Do not forward to OWCP for payment".

Send the original CA-1 along with the original FS-6100-16 FS/CA-16 BLM form (with the authorizing official's, the doctor's, and the employee's portions completed) to the OWCP Manager within five calendar days from the date of treatment. File the original CA-1 along with the original FS-6100-16 FS/CA-16 BLM in the employee's medical folder.

Payment for (APMC) may be made under a blanket purchase arrangement, imprest fund or government credit card.

Should a case become more than just a "Minor Medical" after payment has been made and needs to be transmitted to OWCP, be sure to:

- Notify the OWCP Manager of initial payment under APMC provisions. The OWCP Manager will notify OWCP to eliminate duplicate payments.
- In addition, send along a copy of our FS-6100-16 FS/CA-16 BLM form when you submit the CA-1.
- Follow standard OWCP procedures for obtaining necessary follow-up medical treatment when filing a claim for compensation for loss of wages, etc. This includes issuing CA-16 as appropriate to the physician of the employee's choice.

## ADDITIONAL FORMS

Along with the above forms for Occupational Injury and Illness, the following forms may be required. Contact the Compensation Specialist in Personnel if any of these are needed.

Along with the above forms for Occupational Injury and Illness, the following forms may be required. Contact the Compensation Specialist in Personnel if any of these are needed.

- CA-2a**      *Notice of Employee's Recurrence of Disability of Claim for Pay/Compensation.* Use this when there is a recurrence of the original illness, when more medical expenses are incurred or employee is again disabled.
- CA-5**      *Claim for Compensation by Widow, Widower, and/or Children.* This form is to claim compensation on behalf of these dependents when injury/illness results in death.
- CA-6**      *Report of Fatality (Official Superior's Report of Employee's Death).*
- CA-7**      *Claim for Compensation on Account of Traumatic Injury or Occupational Disease.* Use this form to claim compensation for time lost (wages lost). This form cannot be filed unless a CA-1 has been previously filed.
- CA-8**      *Claim for Continuing Compensation on Account of Disability.* Use this form for continuing compensation for injury. Form CA-7 must have been previously filed.
- CA-17**      *Duty Status Report.* Use this to request information from a physician, particularly concerning employees' ability to return to work and with what restrictions.
- CA-20**      *Attending Physician's Report.* Used with the CA-7 to provide medical support of claim.
- CA-20a**      *Attending Physician's Supplemental Report.* To provide OWCP with additional information about the supplemental claim on CA-8.
- CA-35A-H**      *Evidence Required in Support of a Claim for Occupational Disease.* Each checklist is specific to the type of illness or disease.
- 1500a**      *Health Insurance Claim Form.* Use this form for all non-hospital and non-pharmacy billings for medical services and supplies.

## ATTACHMENT C

**ACCIDENTS INVOLVING PERSONS OTHER THAN  
FS/BLM EMPLOYEES**

**Form 6700-8** Report of Incident to Other than Employee(**FS**)

**Form DI-134** Report of Incident Other than Employee(**BLM**)

In case of accidents to non-employees, Form 6700-8 may apply. (FSH 6709.12(33.3))

This form applies to every fatality on the Forest Service property with a few exceptions listed on the form, and every private motor vehicle accident occurring on Forest Service roads that result in injury or damage more than \$350.

Instructions for completion of Form 6700-8 are located on the back of the form.

- Information required for the form should be gathered by the FS/BLM employee in charge at the scene of the accident.
- The District Ranger / Field Office Manager will ensure the information is correct and that blocks' 1-7 are properly coded. Send a copy to the Safety Officer, the Criminal Investigator, and in the case of a motor vehicle accident, the Fleet Manager.
- The Safety Officer will review the report with the Center Manager or Forest Supervisor, and send a copy to the USDIBLM/USDAFS Washington Office as required.

**ATTACHMENT D****REPORTING LOSS OR DAMAGE OF FS/BLM PROPERTY**

Property Damage Accidents / Incidents are those that occur during work, and that result in damage to any property, including motor vehicles. For incidents involving damaged, lost, or stolen FS/BLM property, use the AD-112.

**AD-112 Report of Unserviceable, Lost or Damaged Property (12/88).**

1. The AD-112 is completed by the employee accountable for the lost or damaged property. Section I must be accurately completed before forwarding the form to an immediate supervisor. In Section I-B, answer What, How and Why for damages other than a vehicle accident.
2. The Supervisor will ensure the accuracy and completeness of Section I, then promptly forward the AD-112 to the District's or Field Office's Unit Accountable Property Officer (UAPO).
3. The Unit Accountable Property Officer must sign Section I of the AD-112 and notify the District Ranger / Field Office Manager. They will review the AD-112 and forward it to the Property Management Officer within seven days of the incident. For valuable items (more than \$1000), District Rangers / Field Office Manager will notify the Forest Supervisor / Center Manager. Discretion may be used by Line / Staff Officers in notifying the Forest Supervisor / Center Manager of property violations with minor dollar values.
4. The Property Management Officer will examine the AD-112 to ensure it is complete, and that appropriate documentation (pictures, witness report, police report, etc.) is attached. If not complete, the forms will be returned to the originating unit for prompt action.

When the reports are complete, copies of the accident file will be sent to the following:

- Criminal Investigator, if appropriate.
  - Safety Officer
  - Fleet Manager, if appropriate
  - Budget and Finance
5. The Personnel Officer will review the AD-112 and complete Section F of the original (FSM 6404). A determination will be made and the finding shown in Section D of the AD-112. Employee liability will be included in the findings.
  6. The Property Management Officer will sign Section E, block 10 of the AD-112, and will distribute as follows:
    - The original AD-112 to the Claims Officer
    - A copy of the AD-112 with findings will be sent to the employee through their supervisor
  7. The Claims Officer will complete Section IV; block three, of the original AD-112. If appropriate, a claim will be initiated at this point. The AD-112 will then be forwarded to the Property Management Officer.

8. The Property Management Office will complete the log on the AD-112 and ensure the property file is complete and closed.

Special Reporting Requirements for Serious Incidents. Serious incidents are those that result in:

- Any job-related fatality.
- The hospitalization of three or more individuals.
- Loss of body function.
- Incapacitation expected to last over 30 days.
- Damage to government property exceeding \$5,000, excluding resource damage.
- Actual or potential serious injury to private person and substantial damage or destruction of private property.

Report a serious incident to the Safety Officer even when there may be some doubt whether it is job-related. The agency head or designee must make a telephone or telegraph report of any serious incident within 48 hours to the USDIBLM/USDAFS Washington Office (WO) Safety and Health Management Division. This initial report must give the following information:

- Date and time and location of the incident.
- Names of persons involved.
- A description of any property involved.
- A description of the nature and extent of injury, illness, or damage.
- A summary of known or suspected causes.
- Corrective actions taken or planned to prevent reoccurrence.

Send the appropriate forms to the USDIBLM/USDAFS WO Safety and Health Management Division within seven working days after submission of the initial report. The Safety and Health Management Division may require additional investigative information and reports.

**ATTACHMENT E****REPORTING POTENTIAL CLAIMS AGAINST THE GOVERNMENT**

When an incident occurs in which a claim will be filed for damages against the US Government, the following forms will apply (DR-2510-1)

**SF-95 Claims for Damage, Injury, or Death:**

1. The claimant must complete and sign the forms and verify that personal insurance policies will not cover the damages. In addition an, OF-26, Scope of Employment form must be completed. Submit the SF-95 and OF - 26 to the District Ranger / Field Office Manager with responsibility for the unit involved.
2. Any District Ranger, Field Office Manager receiving a claim for damage, death, or injury will contact the Claims Officer. Prepare a written description of the accident (including a recommendation on the claim) then forward with the SF-95 to the Claim Officer. The first FS/BLM employee to receive a claim MUST sign and date the margin of the claim form as having received it. This starts the `clock' on the claims process, and can be critical if a lawsuit develops.
3. The Claims Officer will log in each claim, begin a file, and make a formal recommendation to the State /Region / National Claims Officer.
4. The Region /State / National Office will review the claim and forward the packet to OGC Attorney for review and decision, and inform the Claims Officer of the outcome.
5. Office of the General Council will notify the claimant of the outcome and process a request for payment through NFC, if appropriate.

**ATTACHMENT F****HAZARDOUS MATERIALS SPILLED OR ABANDONED**

A hazardous material is any hazardous substance, waste, chemical, pollutant, or contaminant that could cause injury or death to people, or causes damage to the environment. The 1996 Emergency Response Guidebook is an excellent resource for anyone during the initial phase of a Hazardous Materials/Dangerous Goods incident.

**Hazardous Materials**

- Recognize the presence of a hazardous material.
- Understand what hazardous materials are and their associated risks and possible outcomes.
- Secure area and warn others. Assess the situation at a safe distance. Stay upwind!
- Contact nearest spill response group (Fire Department, Sheriff, etc.).
- If possible and safe, identify the hazards, labels or placards.
- Notify Supervisor and Haz-Mat coordinator of the location and situation.
- Obtain Help!

**Spills of Hazardous Materials in a Facility -**

- Assess the situation for personal safety, if in doubt - LEAVE AREA.
- Secure the area, and warn others of possible hazards. Ensure that the site will not be disturbed until further assistance arrives
- If there is a potential for fire or toxic release, set off fire alarms and ensure that everyone evacuates the building.
- Use spill kits provided for the appropriate type of material, IF it does not endanger you or others.
- Dispose of cleanup materials properly.

If a reportable quantity of a hazardous material (See 49 Code of Federal Regulations (CFR), 172.101, List of Hazardous Materials and Reportable Quantities) or any quantity of a petroleum product that enters the waters of the United States is released from a FS/BLM facility or operation, immediately report the incident to the Safety Officer and the National Response Center 1-800-424-8802.

**ATTACHMENT G**

**ACCIDENT EVALUATION GUIDE**

To obtain more measurable information for establishing objectives, accident information, and a more consistent rationale for follow-up action on accidents, use the following Evaluation Guide and Point System. The guidelines for Personnel Action following an accident are recommendations for minimum action to gain more consistency in dealing with accidents.

COST	PENALTY GUIDE			
	CC 2	CC 2	CC 3	CC 4
\$000.00 - 350.00	NONE	H	G	F
\$350.00 - 499.99	NONE	E	D	A
\$500.00 - 699.99	NONE	E	C	A
\$700.00 - 899.99	NONE	D	B	A
\$900.00 +	NONE	C	B	A

**Circumstances Classes (CC):**

1. No unsafe act--employee not at fault.
2. Error in judgment--exercised precautions, but accident still occurred. Employee personal factor may be lack of knowledge or skill.
3. Failed to drive defensively, poor judgment, attention diverted, fatigue other lack.
4. Serious failure of responsibility. Intentional misuse, abuse or negligence by employee.

(Penalty escalates to next higher level (except B to A) when injuries occur, an employee has had more than one accident in Class 2 or 3, or there was potential for loss of life.)

Action	Recommended minimum personnel action to be taken in FS/BLM requires that all drivers having an accident take the Defensive Driving Course.
E, H -----	Work Supervisor, Ranger or Field Office Manager Counsels Employee.
D, G -----	Letter of Caution from Ranger / Field Office Manager / to employee.
C -----	Letter of Caution from Forest Supervisor or Center Manager.
B*, F -----	Letter of reprimand to Employee from Forest Supervisor or Center Manager, could require payment of damage.
A -----	Suspension for at least five days and suspension of driving privileges for a three year period, may mean termination of seasonal employee when driver's license is essential. All serious failure of responsibility accidents require the operator to pay for damages.

**Rescind Driving Privileges**

The employee operates a motor vehicle without a valid State Driver's License.

The employee is convicted (or forfeit's collateral) in connection with a serious traffic violation, such as, reckless driving, or speeding in excess of 20 miles per hour over the speed limit.

It is adequately demonstrated by way of a traffic court conviction or otherwise, that the motor vehicle was operated under the influence of alcohol / narcotics.

The employee has three or more preventable (at fault) motor vehicle accidents within a period of three years or less.

**Suspend Driver Privileges (up to 60 days)**

The employee is involved in two motor vehicle accidents during a continuous 12 month period in which it is determined by a court and / or the employing agency that the employee is at fault.

The employee disregards agency or Supervisor's instructions for operation of a motor vehicle.

The employee is convicted in court (or forfeits collateral) in connection with three or more traffic convictions including moving traffic violations, driving when impaired or being found guilty of being drunk in and around a vehicle, during a continuous 12-month period.

The employee is convicted in court, or it can be shown that the employee did leave the scene of an accident without making it known and complying with other requirements.

### INJURY OR ILLNESS EVALUATION GUIDE

EXTENT OF INJURY	PENALTY GUIDE			
	CC 1	CC 2	CC 3	CC 4
Injury or illness without lost workday or treatment.	NONE	G	F	E
Lost workday and/or medical treatment required.	NONE	D	C	B
Possible fatality	NONE	C	B	A
Fatality	NONE	B	B	A

Definitions of **Circumstances Classes (CC)**:

1. No unsafe act--employee not at fault.
2. Error in judgment--exercised precautions, but injury still occurred. Employee personal factor may be lack of knowledge or skill, physical capability or fitness.
3. Failed to use proper precautions or other breach of safety. Employee personal factor may be poor judgment, attention diverted or fatigue.
4. Serious failure of responsibility. Intentional misuse, abuse or negligence by employee.

Penalty escalates to next higher level (except B to A) when injuries occur, or employee has had more than one accident in Class 2 or 3, or there was potential for loss of life. In case of motor vehicle accident, use MVA Accident Evaluation Guide.

Action	Recommended minimum personnel action to be taken.
D, G -----	Work Supervisor, Ranger or Field Office Manager counsels employee.
C, E, F -----	Letter of Caution from District Ranger / Field Office Manager / to employee.
A, B -----	Letter of Reprimand to employee from Forest Supervisor / Center Manager. In case of employees death, letter will go to employees supervisor.

## ATTACHMENT H

## FORMS FOR SUBMITTING ACCIDENT OR INJURY/ILLNESS REPORTS

## FORMS FOR SUBMITTING ACCIDENT OR INJURY/ILLNESS REPORTS

Type of Accident	Forms
Occupational Injury	CA-1, APMC or CA-16 DI-134 (BLM)
Occupational Illness	CA-2, DI-134 (BLM)
Occupational Fatality	CA-6, DI-134 (BLM)
Motor Vehicle	SF-91, SF-94, AD-112 CA-1 or APMC **
Motorcycles, all terrain vehicles, snow mobiles, road graders, etc.	SF-91, SF-94, AD-112 CA-1 or APMC **, DI-134
Government Motor Vehicle or Private Vehicle Used for Government Use	(BLM)
Motor Vehicle--Total damage does not exceed \$350, but a private citizen is injured.	SF-91, SF-94, AD-112 CA-1 or APMC **, DI-134 (BLM)
Property Damage	AD-112, SF-94
Potential Claim Against the Government	SF-95, FS 6700-8, DI-134 (BLM)
Non-Employee Incident (If Fatality)	FS-5700-29, DI-134 (BLM)
Aircraft Accident	CA-1 or APMC **, SF-94, DI- 134 (BLM)

\*\*If personal injury involved.

**Routing of Forms Will Be as Follows:**

On receipt of accident forms send a copy to the Property Manager, Fleet Manager and Claims Manager. Each District/Field Office will process the OWCP forms, with a copy of the CA-1 or CA-2 sent to OWCP Manager for insertion into the employees Official Personnel Folder.

**APPENDIX I****DIRECTIVES**

FSM 6700 --	Safety and Health Manual
FSM 7100 --	Fleet Manual
FSH 5109.34 --	Interagency Fire Business Management Handbook
FSH 6109.12 --	Injury/Illness Compensation
FSH 6509.11 --	Service wide Claims Handbook
FSH 6709.11 --	Health and Safety Code Handbook
FSH 6709.12 --	Safety and Health Handbook
FSH 7109.19 --	Fleet Management Handbook
Federal Injury -- Compensation Resource Book --	Pamphlet CA-550 Training for Federal Employing Agency Compensation Specialists
Federal Personnel Manual	Chapter 810 - Injury Compensation
FECA Procedure Manual	Part II
20 CFR (Code of Federal Regulation) Part 10	Federal Employee Compensation
49 CFR Part 172.101 --	Transportation of Hazardous Materials, Reportable Quantities
Driver-Operator Guide --	EM-7130-2
Emergency Response Guide	For first responders at Hazardous Materials Incident