

ERMN Government Vehicle Accident Standard Operating Procedure Version 1.0

1. Purpose

This Standard Operating Procedure (SOP) provides guidelines to be followed in case of an accident involving government vehicles.

2. Scope and Applicability

Note that some procedures are different if vehicles are National Park Service (NPS) owned versus Government Services Administration (GSA) owned.

Also note that this SOP addresses Federal guidelines and requirements. Cooperators and contractors may have additional reporting requirements.

Follow all procedures presented below and fill out Motor Vehicle Accident Report Form SF-91 and Statement of Witness Form (SF-94). Because government vehicles are self insured, damage resulting from government vehicle accidents are generally paid by the driver's project account (NPS if driver is NPS employee; University if driver employed by University). In cases of severe negligence, the driver found at fault for the accident may be personally liable.

3. Reference Documents

- 3.1 Vehicle Accident Reporting Kit (GSA Form 1627) [Appendix 1]
 - 3.1.1 Motor Vehicle Accident Report Form (SF-91) [Appendix 2]
 - 3.1.2 Statement of Witness Form (SF-94) [Appendix 3]
- 3.2 NPS NER TORT Claims – Accident/Incident Reporting Process [Appendix 4]

4. Procedures and General Requirements

- 4.1 In case of an automobile accident in a **GSA-owned vehicle**, locate (typically in vehicle glove compartment) GSA Motor Vehicle Accident Reporting Kit (GSA Form 1627) and follow all instructions therein.
- 4.2 In case of an automobile accident in an **NPS-owned vehicle**:
 - 4.2.1 Stop immediately and turn on emergency flashers.
 - 4.2.2 Take steps to prevent another accident at the scene.
 - 4.2.3 Call 911 or ambulance if necessary.
 - 4.2.4 Notify police and NPS law enforcement.

- 4.2.5 In the event of death, actual or potential serious injury, or significant property damage (damage greater than \$2,500), the employee involved will immediately notify his or her supervisor and the NER Regional Tort Claims Officer (TCO), Dave Schuller (215-597-5368).
- 4.2.6 In reporting an accident, employee should state the facts to the best of her/her knowledge. **Conclusions as to fault or responsibility should not be stated.** The employee should report the accident only to authorized representatives of the Government, the employee's insurance company, and police officers investigating the accident. The employee shall also file any report required by law.
- 4.2.7 Get name and address of witness (preferably two witnesses). Ask witness to complete Standard Form (SF) 94, Statement of Witness, contained in vehicle glove compartment.
- 4.2.8 State/provide your name, address, place of employment, name of your supervisor, and upon request show your driver's license and vehicle registration information.
- 4.2.9 Complete Standard Form (SF) 91, Motor Vehicle Accident Report at the scene. If conditions prevent this, make notes of the following:
- a. Registration information for other vehicle(s) (owner's name, owner's address, tag number, VIN, and vehicle description);
 - b. Information on other drivers (name, address, operator's permit, and expiration date);
 - c. Name and address of each person involved and extent of injury, in any;
 - d. Name and address of company insuring other vehicle(s) and insurance policy number, and;
 - e. General information such as location, time, measurements, weather, damage, etc.
- 4.2.10 Encourage police to provide a Police Report and, if available, submit a copy with SF 91.
- 4.2.11 If you have a camera, take pictures of the accident scene and any damage to the vehicles involved. Submit along with SF 91.
- 4.2.12 If vehicle is unsafe to operate, arrange for a towing services and pay for these services on vehicle charge/gas card.
- 4.2.13 Submit all reports and data to your supervisor within one working day.
- 4.2.14 If federal employee is injured, workers compensation process needs to be initiated within 48 hours of incident. Supervisor will assist with this process. It is important for injured employee to receive prompt medical treatment. Make

sure the employee sees a doctor, not a nurse, nurse practitioner, or physician's assistant.

- 4.2.15 Supervisor will submit copies of all reports and data to the employee's regional Tort Claims Officer (TCO) [Dave Schuller 215-597-5368] as soon as possible but no later than 10 calendar days after the accident.

4.3 Accident/collision reports should be filed for:

- 4.3.1 All motor vehicle accidents involving Federally owned or leased vehicles and employee-owned or rented vehicles while being used on official business, regardless of the amount of damage.
- 4.3.2 All public/visitor accidents will be reported on a SF-91 when a government-owned vehicle is involved, government property is damaged, fatality occurs, medical treatment is required and/or a reasonable possibility of a tort claim is expected.
- 4.3.3 Thefts and Vandalism should be reported to Park Law Enforcement Officials rather than reported on SF-91.
- 4.3.4 Reporting Multiple Vehicle Accidents – when a privately owned vehicle damages Government property, two reports (SF-91) are required: one report for the Government property and one for the private operator.

Appendix 1. GSA Form 1627 Motor Vehicle Accident Reporting Kit

To be opened **ONLY** in case of a crash.

Contents

1. SF 91, Motor Vehicle Accident Report (One Copy)
2. SF 94, Statement of Witness (Two Copies)

Proof of Insurance
For Operators of GSA-Owned Vehicles

This constitutes your "Proof of Insurance" and will be kept in your vehicle at all times. The U.S. government is self-insured. No insurance identification number is required.

The U.S. government is self-insured for loss of damage to government property and the liability of government employees for actions within the scope of their duties. Claims for injury or death of third parties, or damage to third-party property, arising from federal employee negligence in the operation of government-furnished vehicles are covered by the Federal Tort Claims Act (U.S.C. 2671 *et seq.*) as implemented by 28 CFR, Part 14.

Claims against the U.S. government resulting from the operation of a government vehicle should be directed to the agency employing the driver of the vehicle, not GSA. Claims against other parties for damage to GSA Fleet vehicles will be *initially* processed by GSA. Drivers are responsible for obtaining the correct insurance information for processing such claims against other responsible parties.

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GSA Form 1627 Back (Rev. 10/06)

GSA Form 1627 Back (Rev. 10/06)



U.S. General Services Administration
MOTOR VEHICLE ACCIDENT REPORTING KIT

In Case of Accident

1. Stop immediately and turn on emergency flashers.
2. Take steps to prevent another accident at the scene.
3. Call a doctor or ambulance if necessary.
4. Notify police.
5. **DO NOT sign any paper or make any statement** as to who was at fault (except to your supervisor or to a Federal Government investigator.)
6. Get name and address of each witness. Ask the witness to complete Standard Form (SF) 94, Statement of Witness, contained in this envelope.
7. State your name, address, place of employment, name of your supervisor, and upon request show your operator's permit and vehicle registration card. (NOTE: Only Government-owned or leased vehicles registered in the District of Columbia or displaying state tags have registration cards.)
8. Complete Standard Form (SF) 91, Motor Vehicle Accident Report (or reporting form required by your agency) at the scene. If conditions prevent this, make notes of the following:
 - a. Registration information for other vehicle(s) (owner's name, owner's address, tag number, VIN, and vehicle description);
 - b. Information on other drivers (name, address, operator's permit number, and expiration date);
 - c. Name and address of each person involved and extent of injury, if any;
 - d. Name and address of company insuring other vehicle(s) and insurance policy number, and;
 - e. General information such as location, time, measurements, weather, damage, etc.
9. For proof of fault, submit a copy of the Police Report along with the SF 91.
10. If you have a camera, take pictures of the accident scene and any damage to the vehicles involved. Submit the pictures along with the SF 91.
11. Notify state, county or local authorities as required by law and CALL OUR TOLL FREE Accident Management Center (AMC) at 866-400-0411 (6:00 am - 7:00 pm CST).
12. If the vehicle is unsafe to operate, call the AMC at 866-400-0411 (6:00 am - 7:00 pm CST)
 - a. After 7:00 pm CST, if your vehicle is less than 3 years/36,000 miles it may be covered by a manufacturer's Roadside Assistance Program. Contact the appropriate manufacturer at the following toll free numbers; Ford: 800-241-3673, Chrysler, Dodge, Plymouth: 800-521-2779, GMC, Chevrolet: 800-243-8872, Oldsmobile: 800-442-6537, towing and minor services may be arranged at no extra cost.
 - b. If the Roadside Assistance Program does not apply to your vehicle, contact our After Hours Emergency toll free number, 800-987-6589. A customer service representative will authorize towing expenses and any other after hour's emergency services up to \$500.00.
13. Submit all reports and data to your supervisor within one working day. Your supervisor should fax them to the AMC within five days.
14. Injuries should be processed through your agency personnel office using a CA-1 form.

NOTE: If you are injured, have the police notify your supervisor who will assume your responsibilities for reporting the accident.

(See list of contents on reverse.)

GSA Form 1627 (Rev. 10/06)
Prescribed by FSS P 5600.8

Appendix 2. SF 91, Motor Vehicle Accident Report






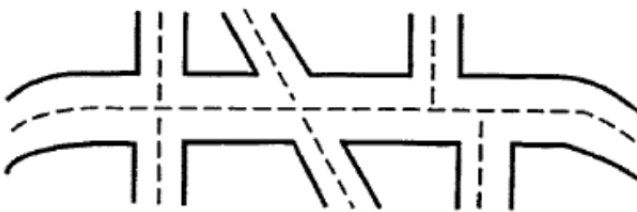
MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3	INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury,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

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Previous edition not usable

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

48. DATE OF ACCIDENT	49. 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).
50. TIME OF ACCIDENT	AM PM

<p>51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED</p> <p><i>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</i></p> <p>a Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow</p> <p>Example: </p> <p>b Use solid line to show path before accident and broken line after the accident</p> <p></p> <p>c Show pedestrian by </p> <p>d Show railroad by </p> <p>e Place arrow in this circle to indicate NORTH</p> <p></p> 	<p>52. POINT OF IMPACT (Check one for each vehicle)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FED</th> <th style="width:10%;">2</th> <th style="width:80%;">AREA</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a. Front</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>b. R. Front</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>c. L. Front</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>d. Rear</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>e. R. Rear</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>f. L. Rear</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>g. R. Side</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>h. L. Side</td></tr> </tbody> </table>	FED	2	AREA	<input type="checkbox"/>	<input type="checkbox"/>	a. Front	<input type="checkbox"/>	<input type="checkbox"/>	b. R. Front	<input type="checkbox"/>	<input type="checkbox"/>	c. L. Front	<input type="checkbox"/>	<input type="checkbox"/>	d. Rear	<input type="checkbox"/>	<input type="checkbox"/>	e. R. Rear	<input type="checkbox"/>	<input type="checkbox"/>	f. L. Rear	<input type="checkbox"/>	<input type="checkbox"/>	g. R. Side	<input type="checkbox"/>	<input type="checkbox"/>	h. L. Side
FED	2	AREA																										
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<input type="checkbox"/>	<input type="checkbox"/>	g. R. Side																										
<input type="checkbox"/>	<input type="checkbox"/>	h. L. Side																										

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.)

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

A	54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER ()	56. HOME TELEPHONE NUMBER ()
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER ()	61. HOME TELEPHONE NUMBER ()
	62. WORK ADDRESS	63. HOME ADDRESS	

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

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER ()	64c. HOME TELEPHONE NUMBER ()
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER ()	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER ()
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

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.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Departments of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for fiscal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification of individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER	72b. DRIVER'S SIGNATURE AND DATE
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SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

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

76. TRIP BEGAN	DATE	TIME (Include AM or PM)	77. ACCIDENT OCCURRED	DATE	TIME (Include AM or PM)
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78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS
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83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE AND DATE	83c. TELEPHONE NUMBER ()
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SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. NO YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR

90. ACCIDENT REVIEWING OFFICIAL

a. SIGNATURE		b. DATE	a. SIGNATURE		b. DATE
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER					
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION

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Appendix 4. National Park Service – Northeast Region. TORT Claims – Accident/Incident Reporting Process

Regional office employees travel on official government business and may be injured and/or involved in a motor vehicle accident while in travel status. Use this checklist to ensure all required report information is gathered and proper notifications have been made immediately following an injury and/or accident that may result in a possible **TORT** claim against the Government in accordance with Departmental Manual, Part 451, *Claims*.

REPORTING GUIDELINES

- Employees will immediately report any incident or accident involving a *private person* or *private property* which may give rise to a TORT claim against the Government.

- In the event of death, actual or potential serious personal injury or significant property damage the employee involved will immediately notify his or her supervisor and the Regional Tort Claims Officer (TCO), Dave Schuller [215.597.5368].

- Employee supervisor will immediately follow up with the regional TCO to ensure the employee report was received and determine if additional information is needed.

- Damage to a government motor vehicle (GMV), as defined by Reference Manual 50B, *Occupational Safety and Health Program* as any vehicle owned, leased, rented or otherwise acquired for official purposes, or to private property resulting from GMV operation will be reported immediately as described above.

- Standard Form (SF) 91, *Motor Vehicle Accident Report*, and SF 94, *Statement of Witness*, as necessary must be completed for all motor vehicle accident cases and promptly submitted to the regional TCO. These forms should be printed and kept with you while on official government travel when operating a GMV. Copies of all accident reports will be furnished to the employee's regional TCO as soon as possible but no later than 10 calendar days after the accident.

- In reporting an accident, employee should state the facts to the best of his/her knowledge. Conclusions as to fault or responsibility should not be stated. The employee should report the accident only to authorized representatives of the Government, the employee's insurance company, and police officers investigating the accident. The employee shall also file any report required by law.

- If an employee involved in an accident carries liability insurance which may cover the employee or the Government, the employee shall report the accident to the insurance

company and shall also furnish the regional TCO a copy of the insurance policy together with applicable endorsements and amendments.

DEFINITIONS

Government Motor Vehicle: Any vehicle owned, leased, rented or otherwise acquired for official purposes.

Incident: An event involving National Park Service employees or other personnel directly supervised by the NPS, that results in a near-hit, injury, illness, fatality, damage to government property, or damage to other property being used for government business.

Minor Incident/Accident: An event involving National Park Service employees, or other personnel directly supervised by the NPS, that results in:

- 1) Injury or illness requiring only first-aid treatment (per OSHA definition) and is not otherwise a recordable injury/ illness; and/or
- 2) Property damage of less than \$2,500.

NPS Employee: All NPS employees, or other Federal, State, or local agency employees under NPS supervision/jurisdiction, and/or contractors and volunteers directly supervised by NPS or under NPS jurisdiction.

Significant Property Damage/Operating Loss Incident: Incidents that result in property damage or operating loss from \$2,500 up to, but less than \$250,000.

Serious Accident: An incident involving National Park Service employees, or other Federal, State, or local agency employees under NPS supervision/jurisdiction, and/or contractors and volunteers directly supervised by NPS (e.g. volunteers, SCA, emergency workers, etc.), that results in:

1. One or more work-related fatalities, or imminently fatal injuries or illnesses;
2. Hospitalization of three or more employees from a single occurrence;
3. Property damage under Departmental/NPS control, and/or operating loss of \$250,000 or more; and/or consequences that the NPS Designated Agency Safety and Health Official (DASHO) or the Regional Designated Safety and Health Official (RDSHO) judges to warrant investigation under the serious accident investigation procedures.