

## Handout 3 - 2

### Serious Accident Investigation Team Activation Notification

<b>Date of Accident or Incident:</b>	<b>Jurisdiction (Agency):</b>
<b>Unit &amp; Location of Accident or Incident:</b>	
<b>Brief description of accident/incident: (who what where when)</b>	
<b>Injuries/Fatalities details (include how many hospitalized)</b>	
<b>Estimated Property Damage:</b>	<b>\$</b>
<b>Charge code and Override:</b>	
<b>What initial actions have been taken by the local unit?</b>	

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<b>Who is local contact:</b>	<b>Name:</b>  <b>Position:</b>  <b>Phone Numbers:</b>	
<b>Delegation of Authority letter signed: (Circle One)</b>	<b>YES</b>	<b>NO</b>
<b>Is this a <u>Co-lead</u> investigation? (Circle One)</b>	<b>YES</b>	<b>NO</b>
<b><u>Co-leader</u> Information:</b>	<b>Name:</b>  <b>Phone #:</b>	<b>Name:</b>  <b>Phone #:</b>
<b>Agency Administrator: (Name and Phone #)</b>		
<b>Team Leader: (Name and Phone #)</b>		
<b>Chief Investigator: (Name and Phone #)</b>		
<b>Safety Manager: (Name and Phone #)</b>		
<b>Interagency Representative (Name and Phone #)</b>		
<b>Technical Specialists: (Name and Phone #)</b>		
<b>Other key contacts at incident:</b>		

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<b>Travel Itinerary:</b>	<b>Method: (aircraft/vehicle):</b>  <b>Destination directions/map:</b>  <b>Estimated time of arrival:</b>  <b>Other Team member travel arrangements:</b>  <b>Team meeting location:</b>  <b>Opening meeting date/time:</b>  <b>Transportation needs at incident:</b>
<b>Lodging:</b>	<b>Name:</b>  <b>Location:</b>  <b>Phone Number:</b>  <b>Reservations/confirmation numbers:</b>

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<b>Resource Needs:</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Agency Investigation Handbook/Guide</li><li><input type="checkbox"/> Laptop computer</li><li><input type="checkbox"/> Cell phones and list of key numbers</li><li><input type="checkbox"/> Camera (35-mm, with extra film, 400ASA film/batteries) Digital camera (3-4 mega pixels)</li><li><input type="checkbox"/> VHS video camera or digital with blank tapes/memory cards</li></ul> <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><b>FIRE</b></td><td style="text-align: center;"><b>NON-FIRE</b></td></tr><tr><td><input type="checkbox"/> Hardhat</td><td><input type="checkbox"/> Hardhat</td></tr><tr><td><input type="checkbox"/> Laced boots, 8 inch tops</td><td><input type="checkbox"/> Laced boots, with ankle support</td></tr><tr><td><input type="checkbox"/> Fire shirt and pants</td><td><input type="checkbox"/> Appropriate PPE</td></tr><tr><td><input type="checkbox"/> Fire Shelter</td><td></td></tr><tr><td><input type="checkbox"/> Gloves</td><td></td></tr></table>	<b>FIRE</b>	<b>NON-FIRE</b>	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Laced boots, 8 inch tops	<input type="checkbox"/> Laced boots, with ankle support	<input type="checkbox"/> Fire shirt and pants	<input type="checkbox"/> Appropriate PPE	<input type="checkbox"/> Fire Shelter		<input type="checkbox"/> Gloves	
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<b>Additional Notes:</b>													