

LAW ENFORCEMENT PLAN

Chautauqua National Wildlife Refuge
Meredosia National Wildlife Refuge
Cameron-Billsbach Unit

Submitted by: Thomas L. Luper Date: 5-15-85
Refuge Manager

Concurrences: Jay E. Hamernick Date: 5/22/85
Acting Division Supervisor

Harold W. Benson Date: 5/22/85
Assistant Regional Director

Approval: James C. Lutzman Date: 5/23/85
Acting Regional Director

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I. INTRODUCTION

The major types of law enforcement problems involved include activities during waterfowl hunting and fishing season. Waterfowl hunting is limited to only the Chautauqua National Wildlife Refuge. The Liverpool area located outside the main dike is open to waterfowl hunting. This unit totals 745 acres.

Fishing activity includes boating on Lake Chautauqua and bank fishing from the cross dike and north dike. Most of this public use occurs during the months of April, May and June. Limited fishing occurs on the Cameron-Billsbach Unit. The public has access to the area by the Illinois River. The major portion of the fishing occurs in the river section.

The staffing consists of four employees - three permanent full time and one permanent part time. Two employees have law enforcement authority - the refuge manager and maintenance worker.

II. OBJECTIVES

The objectives of refuge law enforcement are:

- 1) To assist in management and protection of fish and wildlife resources on the three refuge units.
- 2) To ensure legal and equitable utilization of fish and wildlife resources on refuges, as prescribed by law.
- 3) To obtain compliance with laws and regulations necessary for proper administration, management, and protection of the National Wildlife Refuge System.
- 4) To protect refuge visitors and their possessions from disturbance or harm by other visitors or themselves.
- 5) To assist visitors to understand refuge laws and regulations and reasons for them.

III. Demeanor

The image of the U. S. Fish and Wildlife Service as a law enforcement agency is reflected by the attitude and professionalism of its officers. Illegal and irresponsible acts by a single officer can do serious and

often irreparable harm to that image. Enforcement authority carries with it tremendous responsibilities.

To accomplish fair and impartial enforcement, it is imperative that the officer know the laws to be enforced, the rights of the citizen, and his own rights as an officer. The officer's tactfulness and self-control will be severely tested at times. He must act with courtesy. To succeed, he must display initiative, resourcefulness, courage, and integrity. On occasion, the responsibilities of an officer include the necessity to deprive citizens of liberty and property, subject to due process of law in the courts. At all times, when carrying out this responsibility, the officer must constantly respect and defend the fundamental rights of citizens under the Constitution.

Laws must be enforced fairly and impartially without fear or favor. An individual's race, creed, position, or lack of position, does not entitle them to special treatment.

General requirements applicable to all Department of the Interior and Service employees concerning employee responsibility and conduct are contained in 43 CFR 20 and 22 AM 16. In addition to these requirements, the Service has established a Code of Conduct for enforcement officers which is set forth below, and other special rules of conduct which are contained in this chapter.

Code of Conduct for Enforcement Officers:

As an enforcement officer of the United States Fish and Wildlife Service:

I will faithfully abide by all laws, rules, regulations, and customs governing the performance of my duties and I will commit no act that violates these laws or regulations or the spirit or intent of such laws and regulations while on or off duty.

In my personal and official activities, I will never knowingly violate any local, State, or Federal laws or regulations, recognizing that I hold a unique personal commitment to uphold laws and integrity of my profession. For these reasons, I understand that this code places special demands on me to preserve the confidence of the public, my peers, my supervisors, and society in general.

I will commit no act in the conduct of official business or in my personal life that subjects the Department of the Interior or the United States Fish and Wildlife Service to public censure or adverse criticism.

I will neither accept outside employment, nor make any display representative of the Service that will in any way conflict with the law enforcement interests or jeopardize the activities or mission of the Service, or gives the appearance of conflict.

I will conduct all law enforcement functions assigned to me impartially and thoroughly, and report the results thereof fully, objectively, and with meticulous accuracy.

I will be judicious at all times and I will release information pertaining to my official duties, orally or in writing, only in accordance with law and announced policy.

I will accept nothing even of the slightest value, including favored treatment of any kind, from anyone on my own behalf or in behalf of another person, if that acceptance may result in a conflict or give the appearance of a conflict with my official duties or my effectiveness.

I will abide by all rules, practices and regulations of the Service including those relating to health, safety, and technical expertise requirements of my position.

I understand that this Code of Conduct is in addition to requirements imposed on me and applicable to all Department of the Interior employees as cited in Department Regulations governing Responsibilities and Conduct of Employees (Title 43, Subpart 4, Part 20), which I have reviewed, and that a violation of this Code or provisions of the aforementioned regulations may be cause for disciplinary action or removal from the Service

IV. ENFORCEMENT AUTHORITY AND JURISDICTION

The refuge officers are generally limited to the enforcement of the following acts and regulations within the confines of refuge lands involved, and the vicinity thereof, unless specifically authorized by the Regional Director.

- 1) Migratory Bird Treaty Act of 1918 - U.S.C. 703-712
- 2) Migratory Bird Hunting and Conservation Stamp Act of 1934 -
16 U.S.C. 718-718h
- 3) National Wildlife Refuge System Administration Act - 16 U.S.C.
668dd-668ee, 50 CFR 25-33
- 4) Bald and Golden Eagle Protection Act - 16 U.S.C. 742 j-1
- 5) Airborne Hunting Act - 16 U.S.C. 742 j-1
- 6) Endangered Species Act of 1973 - 16 U.S.C. 3371-3378
- 7) Lacey Act - 18 U.S.C. 42, 16 U.S.C. 3371-3378

- 8) Fish and Wildlife Recreation Act of 1962 - 16 U.S.C.
460-460 K-3
- 9) General Permit Procedures - 50 CFR 13
- 10) Civil Procedures - 50 CFR 11

V. CHAIN OF COMMAND

The refuge manager is responsible for leadership and direction of law enforcement activities. This responsibility is transferred to the maintenance worker during periods when the refuge manager is away from the refuge.

VI. PATROL PROCEDURE

Study the laws to be enforced. Think the possible violations through, and know what does and does not constitute a violation.

When preparing for field work, assemble a law enforcement kit for recording observations, taking statements, and marking and packaging evidence.

The following items are suggested:

- 1) two pens and a pencil
- 2) supply of Field Information Forms (3-960 "pink slip")
- 3) supply of Hunter Affidavits and Seizure Tags, forms.
- 4) a tape measure
- 5) a ball of string
- 6) a knife
- 7) grease pencil
- 8) compass

Carry a reliable watch. A flashlight is essential. For waterfowl enforcement, a pair of binoculars and boots or waders are necessary. A camera and a metal-cased thermometer are excellent accessory equipment.

Prior to departure, the officer should:

- 1) check watch against a reliable time standard and record the check
- 2) be certain to wear your badge
- 3) assemble the suggested working kit and carry it where it is readily accessible
- 4) carry with you several copies of the regulations to be enforced
- 5) and be thoroughly familiar with local geography and boundaries

After observing a violation and you decide to approach or intercept the violator, watch his actions closely. Immediately identify yourself by name and title in a friendly and courteous manner. Be alert to the person's behavior. Watch for indications of emotional, nervous or aggressive behavior. These may give an indication of his frame of mind.

Find out who the violator is. Ask for his identification. If it is a hunting situation, request his license. Examine the license or other identification and be certain the description fits the individual. Check the violator's Duck Stamp (if applicable), the gun for a plug (if applicable), and check the wildlife in his possession. There may be violations other than the one observed. Inspect as far as is legal and practical.

Fill out a Field Identification Report (Form 3-960). Be certain you have the suspect's full and correct name. Do not accept nicknames or initials. Get a complete physical description, date of birth, residence address, occupation, social security number, and any other identification number, such as a driver's license or hunting license number.

Advise the defendant that you will report the information to (appropriate name of officer SAC) for consideration and that you will be contacted and advised of what action.

There are a number of situations when it is inadvisable for the officer to operate alone. This is particularly true of night operations which entail the increased possibility of physical hazard or difficulty in identification and apprehension of violators.

VII. RESPONSIBILITY FOR AND USE OF EQUIPMENT

Before going on patrol, officers should verify that the following equipment is in the vehicle:

I-129370, I-129371, I-136450

- 1) Pink slips
- 2) Flashlight with extra batteries
- 3) Binoculars and/or spotting scope
- 4) First Aid kit
- 5) Blanket
- 6) Tool kit
- 7) Jumper cables
- 8) Tow chain
- 9) Fire extinguisher

Patrol Boat

- 1) Personal flotation devices for each individual
- 2) Two Type IV throwable flotation devices
- 3) Anchor and rope
- 4) Tow rope
- 5) Set of oars and push poles
- 6) Tool kit
- 7) Binoculars
- 8) First Aid kit
- 9) Pink slips
- 10) Fire extinguisher

11) Navigation lights

12) Warning device - whistle, etc.

Each officer will be held personally accountable for the Service revolver, leather items, badge and credentials plus other equipment assigned. Weapons and other equipment will be stored in the office gun cabinet when not in use.

VIII. VIOLATIONS, WARNINGS, SEARCHES, SEIZURES, COMPLAINTS AND ARRESTS

Juveniles are not usually prosecuted, except for extremely serious violations or repeated infractions. A juvenile is a person who has not attained his eighteenth birthday. Special laws apply to both arrest and prosecution. Contacting the offender's parents is a practical method of handling most offenses.

Verbal warnings will be used for minor infractions of the refuge regulations. Normally, this action is used for incidents involving juveniles.

Complaints received from the public by telephone or personal contact will be investigated. If the action is current, the complaint will be checked on immediately. Individuals reporting incidents will be informed that they will not be implicated.

Violations will normally be handled by using the Field Information Report (3-960) "Pink Slip" and forwarding to the Special Agent in Charge located in Springfield, Illinois. Complete the form as soon as possible and include as much detail to explain the violation. Copy to be maintained for future reference until case is closed.

As a general rule, an officer may search the arrested person, everything in his possession, and everything which, in the course of the arrest, is within an area from which the arrested person might gain possession of a weapon or destroy evidence. Where instead of arresting and taking a person into custody, the officer collects information, there is no right or authority to search the person or his boat or vehicle. A consent to search must be voluntary. The consent must be given without expressed or implied duress, coercion or threats.

The following items can be searched for and seized:

- 1) Contraband. Contraband is anything the mere possession of which is a crime; i.e., possessing narcotic substances.

- 2) Fruits of Crime. Items which are the result of crimes, such as illegal wildlife.
- 3) Instrumentalities of Crime. Property designed or intended for use or which is or has been used as the means of committing a criminal offense. Example of such instrumentalities could be weapons, vehicles, tape recorders, bait, etc.
- 4) Mere Evidence. Any property that constitutes evidence of the commission of a criminal offense. Officers can only seize items or property which appears reasonably necessary to aid in a particular apprehension or conviction. Probable cause must appear that the item is related to criminal behavior.

The elements of a legal arrest are: authority, intent, knowledge, and submission. The officer must have the authority to make an arrest. He must intend to take the person to be arrested into custody. The offender must have knowledge that an arrest is intended and must realize that his liberty is restrained. The person arrested must submit to the authority of the officer.

IX. EMERGENCY PROCEDURES

The major problem for the refuge is the limited manpower and equipment available to meet certain emergencies. During civil disturbances, immediately notify the Special Agent in Charge of the district, the local office of the Federal Bureau of Investigation, the United States Attorney and Mason County Sheriff's Department.

Incidents involving boating accidents and/or drownings would result in contacting Mason County Sheriff's Department and Illinois Conservation Police officers plus Mason County Rescue Unit. Past events have resulted in excellent cooperation, additional manpower and equipment. Underwater rescue units located in Springfield and Macomb have been used in the past for recovery activities.

Auto accidents are to be immediately reported to the Mason County Sheriff's Department. If medical treatment is required, assistance is available through the ambulance services located at Mason District Hospital, located nine miles away in Havana.

Hunting accidents during the waterfowl season would require notification of respective county sheriff's department, ambulance service for medical treatment and reporting the incident to the Illinois Department of Conservation.

X. DRUGS

The Fish and Wildlife Service can make an important contribution to the elimination of illicit drugs in the United States, particularly the cultivation of marijuana. State and local authorities provide the major support for drug law enforcement on Fish and Wildlife Service lands. Coordination with local and state authorities or Drug Enforcement Administration officials will be initiated in the earliest stages of involvement in drug-related enforcement activities.

Refuge staff will aggressively seek out and eradicate both cultivated and naturally occurring marijuana on refuge land. This effort will include sites that were cultivated in previous years and potential sites for cultivation. Eradication will be accomplished by pulling, cutting, or mowing.

All arrests and interdictions involving drug enforcement activities will be reported to the Chief, Division of Refuge Management, within five working days of their occurrence. All situations involving coordination of drug enforcement activities with other agencies will be reported.

Complete Site Report/Lead Sheet, DLE 4-60 (NG), IL454-017 and forward to Illinois Department of Law Enforcement, Division of Criminal Investigation, Springfield, Illinois.

XI. FIREARMS POLICY

INTRODUCTION

A person charged with the responsibility of carrying a sidearm, for the protection of life and property, must realize that in order to be worthy of that responsibility, it is absolutely necessary to be skilled in handling firearms, professional in law enforcement activities, adequate accuracy in shooting and to have mature, professional judgment at all times. Too many enforcement officers have paid with their own lives, and the lives of innocent people because of inadequate instruction and handling of their weapon.

I. SUMMARY OF POLICY

It is the policy of this refuge that firearms may be used only in the defense of your own life or the life of another person, and then only after every other possible means has been exhausted.

II. REGULATIONS ON FIREARMS DISCHARGES

- A. Self-defense: Homicide is justifiable if committed in self-defense against a person who is armed with a deadly weapon - when the individual has the ability to do you harm, the opportunity of this person to do you harm, and manifested intent that will lead to jeopardy.
1. When a lawful arrest is resisted by force, the enforcement officer's privilege of self-defense is clear.
 2. He is authorized to use deadly force, if this is necessary to save himself from death or great bodily harm, regardless of the grade of the offense for which the arrest is being attempted.
 3. An officer attempting to make a lawful arrest is never required to abandon the attempt where he has a choice between abandonment and the use of deadly force.
 4. All enforcement officers are prohibited from:
 - a. Firing a warning shot or shots.
 - b. Firing at wanted vehicles.
 - c. Firing at fleeing juvenile felons unless in self-defense.
 - d. Drawing a weapon unless it will be used.
- B. Training and Competitive Shooting
1. Weapons are to be fired on approved ranges.
 2. Re-qualifications with firearms will be required every six months.
 3. Competitive shooting is an activity that will be done during the employee's free time unless approved by the supervisor or range hours conflict.
- C. Accidental Discharge: Any enforcement officer who accidentally discharges his firearm must follow the procedures as outlined in Section IV of this document.
- D. Destroying Animals: Destruction of injured animals or animals in trespass will be pursuant to Title 50, Code of Federal Regulations, Chapter I, Section 28.43. Following each discharge, an incident report will be turned into the enforcement supervisor or refuge manager as soon as possible.

III. TRAINING STANDARDS

- A. Only persons sufficiently mature in judgment to handle firearms with due respect will be given the responsibility of carrying firearms. This determination will be made by the refuge manager.
- B. A mandatory training course is offered by the Federal Law Enforcement Training Center, Special Training Division, Firearms Activities Branch at Glynco, Georgia, plus one week of U. S. Fish and Wildlife Service training.
- C. Required refresher training: A forty hour refresher training course will be required plus semi-annual firearms qualification. Certification to be accomplished under NRA instructor.

IV. PROCEDURE FOLLOWING FIREARMS DISCHARGE

- A. Reporting: All firearm discharges by an employee will be reported to the supervisor, refuge manager, or project manager as soon as it is reasonably possible. A written incident report will follow discharge within 24 hours after the discharge.
- B. Enforcement Report: Any discharge as the result of enforcement action, self-defense, or any other related discharge must be reported to the project manager immediately.
- C. Accidental Discharges: Where there is an accidental discharge resulting in injury or property damage, the same procedure will be followed as in "B". In all other accidental cases, the procedure outlined in "A" above will be followed.

V. EQUIPMENT

- A. Smith & Wesson Revolver, Model 66, .38 Special or .357 magnum caliber, heavy-duty stainless steel frame, 4-inch barrel, six shot, double action revolver, with night sights.
- B. Flashlight - Kel-lite type with size C or D batteries, shock proof, explosion proof and waterproof. Six to seven cell Kel-lite flashlights recommended.
- C. Handcuff - Smith & Wesson, Model 90 or 94, all steel construction, welded chain and cheek construction, 19-position lock, double locking, and jaw made secure against travel in either direction.

- D. Holsters - the revolver is to be worn in a waist belt holster, positioned high on the hip. Holster to be pressure molded to fit handgun exactly, with safety strap.
- E. Ammunition carried on duty must be standard load and of factory manufacture. Such ammunition shall be high-pressure rounds with 110 grain, jacketed hollow point.
- F. Speed reloaders and reloader cases recommended for safety of law enforcement officer.
- G. Handcuff case to be plain finish and closed type.

Form 3-960
Rev. Dec. 1974

FIELD INFO. REPORT - INV -

Name (Last-First-Middle-Initials):

Address:

Home Tel:

Bus. Tel:

Race

Sex

Ht.

Wt.

Eyes

Hair

D.O.B.

Scars and marks

S.S.#

License types and numbers

Employer's name and address:

Type of business:

Occupation:

Date and hour of violation:

Place of violation:

Date and hour of arrest/apprehension:

Place of arrest/apprehension:

Offense:

Seizures:

Vehicle:	Make	Year	Registered to:
Model	Style	Color	

Lic. plates (No., State, Yr.):

Make of Gun	Type	Gage	Number
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Additional Information:

Initials and Date:

GPO 720-948

Form No 10-44
(Rev. 10-74)



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE



OFFICIAL TEN SIGNAL LIST

10-0 -Caution	10-25-Report in person (meet).....	10-50-Accident (F, PI, PD)	10-75-In contact with.....	A - Alpha
10-1 -Unable copy-change location	10-26-Detaining subject, expedite	10-51-Wrecker needed	10-76-En route.....	B - Bravo
10-2 -Signal good	10-27-(Drivers) license information	10-52-Ambulance needed	10-77-ETA (Est. Time Arrival)	C - Charlie
10-3 -Stop transmitting	10-28-Vehicle registration information	10-53-Road blocked at.....	10-78-Need assistance	D - Delta
10-4 -Acknowledgement (OK)	10-29-Check for wanted	10-54-Livestock on highway	10-79-Notify coroner	E - Echo
10-5 -Relay	10-30-Unnecessary use of radio	10-55-Intoxicated driver	10-80-Chase in progress	F - Foxtrot
10-6 -Busy-unless urgent	10-31-Crime in progress	10-56-Intoxicated pedestrian	10-81-Breatherizer report	G - Golf
10-7 -Out of service	10-32-Man with gun	10-57-Hit & run (F, PI, PD)	10-82-Reserve lodging	H - Hotel
10-8 -In service	10-33-EMERGENCY	10-58-Direct traffic	10-83-Work school xing at.....	I - India
10-9 -Repeat	10-34-Riot	10-59-Convoy or escort	10-84-If meeting.....advise ETA	J - Juliette
10-10-Fight in progress	10-35-Major crime alert	10-60-Squad in vicinity	10-85-Delayed due to.....	K - Kilo
10-11-Dog case	10-36-Correct time	10-61-Personnel in area	10-86-Officer, operator on duty	L - Lima
10-12-Stand by (stop)	10-37-(Investigate) suspicious veh.	10-62-Reply to message	10-87-Pickup distribute checks	M - Mike
10-13-Weather-road report	10-38-Stopping suspicious vehicle	10-63-Prepare make written copy	10-88-Present telephone # of.....	N - November
10-14-Prowler report	10-39-Urgent-use light, siren	10-64-Message for local delivery	10-89-Bomb threat	O - Oscar
10-15-Civil disturbance	10-40-Silent run-no light, siren	10-65-Net message assignment	10-90-Bank alarm at.....	P - Papa
10-16-Domestic problem	10-41-Beginning tour of duty	10-66-Message cancellation	10-91-Pick up prisoner/subject	Q - Quebec
10-17-Meet complainant	10-42-Ending tour of duty	10-67-Clear for net message	10-92-Improperly parked vehicle	R - Romeo
10-18-Quickly	10-43-Information	10-68-Dispatch information	10-93-Blockade	S - Sierra
10-19-Return to.....	10-44-Permission to leave....for....	10-69-Message received	10-94-Drag racing	T - Tango
10-20-Location	10-45-Animal carcass at.....	10-70-Fire alarm	10-95-Prisoner/subject in custody	U - Uniform
10-21-Coll.....by telephone	10-46-Assist motorist	10-71-Advise nature of fire	10-96-Mental subject	V - Victor
10-22-Disregard	10-47-Emergency mod repair at....	10-72-Report progress on fire	10-97-Check (test) signal	W - Whiskey
10-23-Arrived at scene	10-48-Traffic standard repair at.....	10-73-Smoke report	10-98-Prison jail break	X - X-Ray
10-24-Assignment completed	10-49-Traffic light out at.....	10-74-Negative	10-99-Wanted stolen indicated	Y - Yankee
				Z - Zulu

(Courtesy of Associated Public Safety Communications Officers - Inc.)

INT. 1083-74

SEARCH OF MOTOR VEHICLE (MV)

<u>TYPE OF SEARCH</u>	<u>JUSTIFICATION</u>	<u>PLACE OF SEARCH</u>	<u>OBJECT OF SEARCH</u>	<u>SCOPE OF SEARCH</u>
A. Incident to arrest	A. legal arrest in or near car	A. at scene of arrest	A. weapons or evidence	A. any areas and container in MV that are unlocked and accessible to the subject at time of arrest.
B. Probable cause (PC)	B. reasonable belief Do not need a SW unless MV is not mobile	B. where MV stopped unless impracticable, then at a more convenient location	B. items one has PC for	B. any areas and containers in MV, locked or unlocked where items may be located. Where PC is not for MV, but for specific container inside the MV, container can be seized and SW obtained.
C. Consent	C. consent of person having authority to consent to the search	C. determined by terms of consent	C. determined by terms of consent	C. determined by terms of consent
D. Inventory	D. Established policy to inventory contents of MV	D. on the street or impound lot	D. locating items of value and securing these items	D. any locked or unlocked area and open containers where personal property might be located

SEARCH OF INDIVIDUAL INCIDENT TO ARREST

A. Incident to arrest	A. legal arrest	A. at scene of arrest as soon as practical	A. weapons or evidence	A. everything in his possession and within his area of reach
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YOUR RIGHTS

16

Place

Date

Time

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer and want one, a lawyer will be provided for you before any questioning.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signature

Witness (signature)

Time

Witness (signature)

Time

INSTRUCTION: Where written statement is taken, continue as follows: "I, (name), furnish the following statement to:"

REPORT OF ACCIDENT/INCIDENT

17

DATE

1. REPORTING UNIT AND ADDRESS																									
2. NAME OF PERSON INVOLVED (last, first, middle initial)										3. AGE		4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		6. EMPLOYMENT STATUS											
ADDRESS (include zip code)														7. OCCUPATIONAL CODE (last digit here)											
5. SOCIAL SECURITY NUMBER																									
Use separate form for each person involved																									
8. DATE AND TIME OF INCIDENT					9. ACTIVITY					20. LOST TIME DATA					MO.		DAY		YR.						
YR. MO. DAY HR. MIN.										a. Date unable to perform regularly established duties															
10. STATE IN WHICH INCIDENT OCCURRED										b. Date returned to work (Regularly established duties)															
11. TYPE OF ACCIDENT/INCIDENT										c. Date returned to work (Restricted work activities)															
12. RESULT OF ACCIDENT/INCIDENT										d. Date terminated															
13. NATURE OF INJURY/ILLNESS										e. Date permanently transferred to lighter duty															
14. SEVERITY OF INJURY/ILLNESS										f. Number of days of restricted work activity															
15. PART OF BODY AFFECTED										TO BE COMPLETED BY SAFETY MANAGER ONLY															
16. SOURCE (What was used, done, contacted, etc?)																									
17. HUMAN FACTOR										g. Number of days lost (Optional) (ANSI-Z16.1)															
18. PHYSICAL/ENVIRONMENTAL FACTOR										h. Number of lost workdays (Required) (OSHA-29 CFR 1960.2 (n))															
19. REPORT SENT TO OWCP?					YES NO					i. Recordable occupational injury/illness (OSHA-29 CFR 1960.4)					YES NO										
21. PROPERTY OWNERSHIP										23. IDENTIFICATION OF PROPERTY INVOLVED (name, model number, size, make, type, etc.)															
22. AMOUNT OF PROPERTY DAMAGE (Dollars Only)										a. Government:															
a. GOVERNMENT										b. Other:															
\$					0 0 \$																				

24. NARRATIVE OF ACCIDENT/INCIDENT (Include who, what, when, where, and how)

Continue on separate sheet, if necessary

25. CORRECTIVE ACTION TAKEN OR PLANNED

WHEN: Now Fiscal Year

Signature and title of reporting official		Initials of Bureau Safety Manager	
Signature of reviewing authority		Date	

TELL IN YOUR OWN WAY HOW ACCIDENT HAPPENED

THIS FORM TO BE FILLED OUT BY THE GOVERNMENT OPERATOR AT THE TIME AND AT THE SCENE OF THE ACCIDENT, INsofar AS POSSIBLE.

OPERATOR'S REPORT OF
MOTOR-VEHICLE ACCIDENT

DEPARTMENT OR AGENCY

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED

APPENDIX 12

I
OPERATOR

PLEASE PRINT FULL NAME	RANK, RATING, OR TITLE
SERVICE NUMBER OR ROSTER TITLE	OPERATOR'S STATE PERMIT NUMBER
HOME ADDRESS (Street, city, State)	TELEPHONE (Home)

II
TIME AND PLACE

DATE AND DAY OF WEEK OF ACCIDENT	MOON (A.M. or P.M.)
PLACE OF ACCIDENT (If accident in city, give city and state; if outside city limits, indicate mileage to nearest city or other landmark.)	
FROM WHAT PLACE TO WHAT PLACE WERE YOU BOUND	
FOR WHAT PURPOSE	

III
YOUR VEHICLE

MAKE	TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION
PARTS OF VEHICLE DAMAGED (Describe)		

IV
OTHER VEHICLE AND PROPERTY
(For additional vehicles see page 2)

MAKE	TYPE	YEAR
OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NUMBER	
OPERATED BY (Name)	VEHICLE OWNED BY	
OPERATOR'S HOME ADDRESS (Street, city, State)	OWNER'S ADDRESS (Street, city, State)	
PARTS OF VEHICLE DAMAGED (Describe)		
OTHER VEHICLE OR PROPERTY DAMAGED (Describe)		

SIGNATURE

DATE

HAVE YOU ANSWERED ALL QUESTIONS AS COMPLETELY AS POSSIBLE?

U.S. GOVERNMENT PRINTING OFFICE : 1961-O-642652

Standard Form 81
Revised April 1961

(51-108)

BUREAU OF THE BUDGET
Circular A-6 (Rev.)

81

STATEMENT OF WITNESS

(Use additional sheets if necessary)

19

1. DID YOU SEE THE ACCIDENT?

2. WHEN DID IT HAPPEN? (Time and date)

3. WHERE DID IT HAPPEN? (Street location and city)

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

9. IN TRAFFIC CASES STATE
APPROXIMATE SPEED
(Miles per hour)

(a) GOVERNMENT VEHICLE

(b) OTHER VEHICLE

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT

NAMES

ADDRESSES

11. DATE

SIGNATURE

12. HOME ADDRESS

TELEPHONE NO.

13. BUSINESS ADDRESS

TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow

(Example: → 1 ← 2 ←)

2. Use solid line to show path before accident

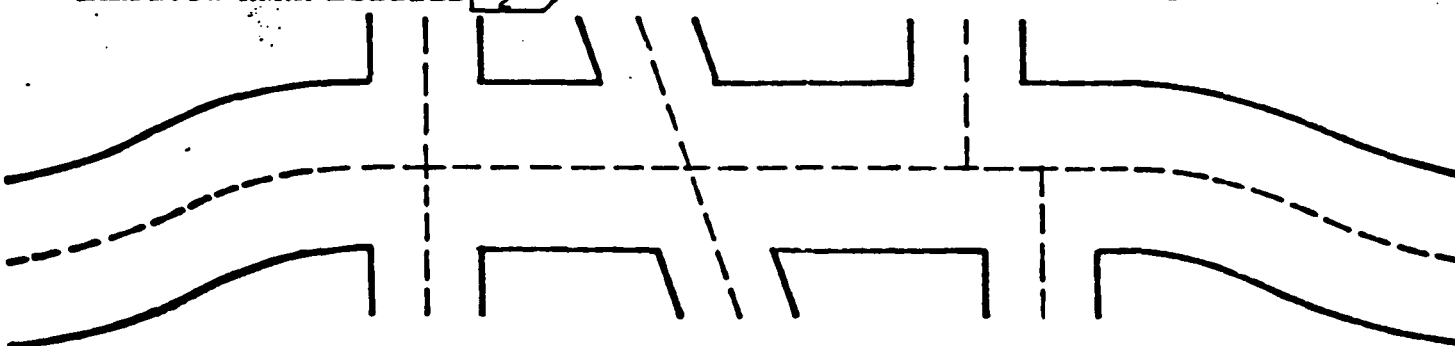
Broken line after accident

3. Show pedestrian by → ○

4. Show railroad by ++++++

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle ○



INSTRUCTIONS. This form is to be filled out by the operator at the time and at the scene of the accident, insofar as possible, and attached to the completed Standard Form 91, Operator's Report of Motor Vehicle Accident.

OPERATOR'S	
1. NAME	2. TITLE AND JOB CLASSIFICATION
3. AGENCY NAME AND BEGINNING DATE OF DUTY	4. ESTABLISHED WORKING HOURS FROM <input type="text"/> A.M. TO <input type="text"/> A.M. <input type="text"/> P.M. <input type="text"/> P.M.
5. IMMEDIATE SUPERVISOR (Name)	6. SUPERVISOR'S TITLE

VEHICLE OWNERSHIP	
7. VEHICLE IS (Check one only) <input type="checkbox"/> A. GOVERNMENT-OWNED <input type="checkbox"/> B. NOT GOVERNMENT-OWNED (Identification No.) (License No.)	8. IF EMPLOYEE IS CHECKED, IS TITLE TO VEHICLE REGISTERED IN OPERATOR'S NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "NO" give details as to how vehicle is titled</i>
9. WAS THIS VEHICLE ASSIGNED TO OPERATOR BY A GSA MOTOR POOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES" give details and location of the GSA Motor Pool</i> <i>If "NO" what activity assigned the vehicle</i>	10. DID OPERATOR RECEIVE AUTHORITY FOR USE OF VEHICLE? <input type="checkbox"/> ORALLY <input type="checkbox"/> WRITTEN AUTHORITY <i>Give details</i>

DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED	
11. ORIGIN	12. DESTINATION
13. EXACT PURPOSE OF TRIP	14. DATE AND TIME TRIP BEGAN
	15. DATE AND TIME OF ACCIDENT
16. HOW DID OPERATOR RECEIVE AUTHORITY FOR TRIP? <input type="checkbox"/> ORALLY <input type="checkbox"/> WRITTEN AUTHORITY <i>Give details</i>	17. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES" explain in detail</i>
18. WAS TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "NO" explain</i>	19. DID OPERATOR WHILE ENROUTE ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THIS TRIP WAS AUTHORIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES" explain</i>

20. STATE BELOW FULL DETAILS OF THE AUTHORITY FOR, THE NATURE OF, AND CIRCUMSTANCES SURROUNDING THE TRIP NOT OTHERWISE COVERED ABOVE OR ON THE ACCOMPANYING SF-91.

(Continue on reverse)

OPERATOR'S	SIGNATURE	DATE
SUPERVISOR'S	The information contained herein is true and correct to the best of my knowledge and belief. SIGNATURE	DATE

INVESTIGATION REPORT OF MOTOR VEHICLE ACCIDENT

(Department or local address)

1. (Name and location of reporting unit)

2. GENERAL LOCATION DATE, DAY AND HOUR OF ACCIDENT
 IF ACCIDENT IN CITY, GIVE CITY OR TOWN AND STATE; IF OUTSIDE CITY LIMITS, INDICATE MILEAGE OR DISTANCE TO NEAREST CITY OR TOWN

(City or town) (State) (County) FROM (County and State)

DATE DAY OF WEEK HOUR A M P M

3. EXACT LOCATION OF ACCIDENT

ACCIDENT OCCURRED ON (Street) (Highway)

NOTE: CHECK AND COMPLETE ONE. Name (or otherwise identify) nearest intersecting street, house number, power or telephone pole (give number), highway curve, bridge, railroad crossing, bling station, alley, driveway, culvert, guardrail, embankment, overpass, or other identifying landmark. Show exact distance.

☐ AT INTERSECTION WITH (Street or other)

☐ NOT AT INTERSECTION (Distance) (Direction) of (Distance)

4. FEDERAL VEHICLE (Federal (includes Privately Owned Federally Operated))

YEAR	MAKE	MODEL TYPE
REGISTRATION NO	LOAD OR CARGO	NUMBER OF PASSENGERS
WAS CARGO DAMAGED? YES	NO	

PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE

5. OTHER VEHICLE (2)

YEAR	MAKE	MODEL TYPE
REGISTRATION NO	LOAD OR CARGO	NUMBER OF PASSENGERS
WAS CARGO DAMAGED? YES	NO	

PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE

6. GOING (Direction) ON (Street or highway)

DISTANCE DAMAGED (Feet)	ESTIMATED SPEED (MPH) (p. 5)	ESTIMATED SPEED AT IMPACT (p. 5)
LAWFUL SPEED (p. 5)	DISTANCE TRAVELED AFTER IMPACT (Feet)	
MAXIMUM SAFE SPEED (p. 5)	OPERATOR'S NAME <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE	

TYPE OF DRIVER (Driving team) (Driver number)

☐ CHAUFFEUR ☐ TRUCK DRIVER ☐ OPERATOR

7. DRIVER'S NAME SEX AGE

ADDRESS

8. NUMBER OF HOURS ON DUTY PRECEDING ACCIDENT YEARS SERVICE EXPERIENCE TYPE VEHICLE

9. WITNESSES

A. NAME	PHONE NO.	B. NAME	PHONE NO.
ADDRESS		ADDRESS	
LOCATION OF WITNESS AT TIME OF ACCIDENT		LOCATION OF WITNESS AT TIME OF ACCIDENT	

10. KILLED OR INJURED

A. NAME	AGE	B. NAME	AGE
ADDRESS		ADDRESS	
CHECK ONE <input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	CHECK ONE <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	CHECK ONE <input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	CHECK ONE <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN
CHECK ONE <input type="checkbox"/> IN FED. VEHICLE <input type="checkbox"/> IN OTHER VEHICLE	WHERE IN VEHICLE?	CHECK ONE <input type="checkbox"/> IN FED. VEHICLE <input type="checkbox"/> IN OTHER VEHICLE	WHERE IN VEHICLE?
FIRST AID GIVEN BY		FIRST AID GIVEN BY	
TAKEN TO		TAKEN TO	
TAKEN BY	REGISTRATION NO.	TAKEN BY	REGISTRATION NO.

11. PEDESTRIAN

PEDESTRIAN WAS CLIMBING ☐ ON ☐ ACROSS (Street, highway, etc.) FROM (SW cor. W side etc.) TO (NE cor. W side etc.)

PEDESTRIAN WAS (Check one)

<input type="checkbox"/> 1. CROSSING AT INTERSECTION WITH SIGNAL	<input type="checkbox"/> 9. NOT AT SAFETY ZONE	<input type="checkbox"/> 17. HITCHING ON VEHICLE
<input type="checkbox"/> 2. SAME-AGAINST SIGNAL	<input type="checkbox"/> 10. GETTING ON OR OFF ANOTHER VEHICLE	<input type="checkbox"/> 18. LYING IN ROADWAY
<input type="checkbox"/> 3. SAME-NO SIGNAL	<input type="checkbox"/> 11. PLAYING IN ROADWAY	<input type="checkbox"/> 19. NOT IN ROADWAY (Explain)
<input type="checkbox"/> 4. SAME-DIAGONALLY	<input type="checkbox"/> 12. WORKING IN ROADWAY	
<input type="checkbox"/> 5. CROSSING NOT AT INTERSECTION (CLIMBING FROM BEHIND PARKED CARS)	<input type="checkbox"/> 13. WALKING IN ROADWAY-WITH TRAFFIC	
<input type="checkbox"/> 6. SAME-THAT COMING FROM BEHIND PARKED CARS	<input type="checkbox"/> 14. WALKING IN ROADWAY-AGAINST TRAFFIC	
<input type="checkbox"/> 7. (EXAMPLE) FROM BEHIND PARKED CARS TO ENTER VEHICLE	<input type="checkbox"/> 15. WALKING IN ROADWAY-BEWAWARE AVAILABLE	
<input type="checkbox"/> 8. WAITING OR GETTING ON OR OFF AT STREET CAR SAFETY ZONE	<input type="checkbox"/> 16. WALKING IN ROADWAY-NO SIDEWALK AVAILABLE	

12. DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES OR CARGO

NAME OBJECT, SHOW OWNERSHIP, STATE NATURE OF DAMAGE

10. KIND OF LOCALITY (Check one)	11. LIGHT (Check one)	12. WEATHER (Check one)
<input type="checkbox"/> 1. MANUFACTURING AND INDUSTRIAL	<input type="checkbox"/> 1. DAYLIGHT <input type="checkbox"/> 2. DARK	<input type="checkbox"/> 1. CLEAR <input type="checkbox"/> 4. FOG
<input type="checkbox"/> 2. SHOPPING AND BUSINESS	<input type="checkbox"/> 3. DUSK	<input type="checkbox"/> 5. RAINING <input type="checkbox"/> 6. OTHER (Specify)
<input type="checkbox"/> 3. RESIDENTIAL	<input type="checkbox"/> 4. ARTIFICIAL LIGHT	<input type="checkbox"/> 7. SHOWING
<input type="checkbox"/> 4. SCHOOL AND PLAYGROUND	<input type="checkbox"/> 5. NO ARTIFICIAL LIGHT	
<input type="checkbox"/> 5. OPEN COUNTRY		
<input type="checkbox"/> 6. INDUSTRIAL PREMISES		
<input type="checkbox"/> 7. HOME OR DOMESTIC PREMISES		
<input type="checkbox"/> 8. OTHER (Specify)		



INCIDENT REPORT

STATION		CLASSIFICATION OF INCIDENT		REVIEWED BY	
				signature _____ date _____	
LOCATION OF INCIDENT		DATE OF INCIDENT month _____ day _____ year _____		FILE NUMBER (see reverse side)	
				INV _____ 01 _____	
REPORTED TO FWS BY		ADDRESS		PHONE HOME _____ WORK _____	
RECEIVED BY		WHEN RECEIVED DATE _____ TIME _____ am _____ pm _____		REPORT MADE BY	
PERSONS INVOLVED		ADDRESS		PHONE	
1					
2					
3					
DETAILS OF INCIDENT/REMARKS		DOB		INVOLVEMENT	

(Specify quantity and estimated value of property involved in incident)

DISPOSITION	REFERRED TO
	ORGANIZATION
	JURISDICTION FED ST CO OTHER

WASHINGTON OFFICE

TELEPHONE NUMBERS

Permanent Personnel

Clanin, Alice. . . .309/329-2018
 Long, Linda. . . .309/543-2687
 Sanford, Thomas. .309/535-2290
 Watts, Bill. . . .309/543-2412

Federal Officers

Mendoza, John. . .217/492-4460
 Home. . . .
 Sommers, Gerald. .309/671-7122
 Home. . .309/274-8149
 Hartman, Neill . .312/298-3250
 Harris, Larry. . .618/997-2223

Emergency Numbers

Mason District Hospital. 309/543-4431
 Graham Hospital Association. . . 309/647-5240
 Pekin Memorial Hospital. 309/347-1151

Poison Control Center

Mason District Hospital. 309/543-4431
 Graham Hospital. 309/647-5240 ext.240
 St. Francis Hospital 309/672-2334
 Mason County Ambulance Service . 309/543-2231
 Mason County Sheriff 309/543-2231
 Ridge Lake Fire Department . . . 309/535-2340
 Havana Rural Fire Department . . 309/543-2211
 Mason County Rescue Squad . . . 309/543-3344

U. S. Attorney 217/492-4450
 Federal Bureau of Investigation. 217/522-9675
 Bureau of Alcohol, Tobacco and Firearms. 217/492-4273
 Drug Enforcement Administration. 217/492-4504

State Officers

Hendricks, John.217/529-3030
 Gosnell, Orville309/543-3938
 Rhodes, Kim.217/243-4960

May 31, 1985

Regional Refuge Supervisor, FWS, Twin Cities, MN (RF2)

Law Enforcement Plan

Refuge Manager, Chautauqua NWR, Havana, IL

The subject plan has been reviewed in this office and is approved
as written.

Thanks for a job well done.

/s/ John W. Ellis

John W. Ellis

Attachment