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Report of the Week REWIND

"I thought he...she...they took care of that!"

4/26/2012

Report Number: 06-0000348

Report Date: 07/01/2006 19:35

Synopsis

Vehicle not stabilized prior to removing victims.

Event Description

We responded to a multi-victim collision on a major interstate, involving a single vehicle. We arrived after the first-in engine, medic and supervisor were on scene. Multiple firefighters were in and around vehicle, removing injured victims. It wasn't until the 3rd transport unit was on the scene that someone realized the vehicle was never secured. It wasn't in park, the ignition was on, and no wheel chocks or vehicle stabilization measures had been taken. The senior officer on the scene had 20 plus years of experience. Everyone must have ASSUMED that "someone else" had already taken care of securing the vehicle. We all have to watch out for those "someone else" guys... they seem to miss a lot...

Lessons Learned

Never assume that someone else has already performed critical safety measures. Beware of tunnel vision - everyone tends to focus on the obvious, and forget about the "little things".

Safety Officer is necessary on even the most routine kind of calls.

Complacency can hurt personnel, and damage equipment.

[Reviewers note: If a safety officer is not assigned, command accepts responsibility for that function.]

Demographics

Department type: Combination, Mostly paid

Job or rank: Other : PM/FF

Department shift: 10 hour days, 14 hour nights (2-2-4)

Age: 34 - 42

Years of fire service experience: 24 - 26

Region: FEMA Region III

Service Area: Urban

Event Information

Event type: Non-fire emergency event: auto extrication, technical rescue, emergency medical call, service calls, etc.

Event date and time: 06/21/2006 23:00

Hours into the shift: 5 - 8

Event participation: Involved in the event

Weather at time of event:

Do you think this will happen again? Yes

What were the contributing factors?

"I thought he...she...they took care of that."

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- Communication
- Human Error
- Teamwork
- Situational Awareness
- Training Issue

What do you believe is the loss potential?

- Minor injury
- Property damage
- Lost time injury

Report of the Week

Welcome to the April ROTW REWIND, featuring Report [06-348](#) from an April 2008 ROTW.

Have you ever fallen into a trap where you think someone else has already performed critical safety measures on an incident? It is easy to assume that someone else from the responding crew(s) will take care of some obvious tasks. In Report [06-348](#), the crews may have experienced tunnel vision and focused on the obvious while forgetting one of those "little things" like vehicle stabilization. Maybe they were overwhelmed with the multi-victim collision and experienced task overload. This can easily happen when the responsibilities exceed the capacity to manage all the simultaneous functions that need to occur for safe incident mitigation. Report [06-348](#) reminds us that good crew coordination, having defined roles and responsibilities for each riding assignment and concise on-scene communications, can lead to enhancement of crew effectiveness.

As you read this ROTW REWIND, think about what changes you or your organization have made since this report was submitted in 2006. What discussions have you had in understanding the contributing factors of ineffective crew management, including proper task allocation, compliancy to your assignment and compliancy to your riding position? Post your comments on the near-miss [Facebook page](#).

"We responded to a multi-victim collision on a major interstate involving a single vehicle. We arrived after the first-in engine, medic and supervisor were on scene. Multiple firefighters were in and around the vehicle while removing injured victims. It wasn't until the third transport unit was on the scene that someone realized the vehicle was never secured. The car was not in park, the ignition was on and no wheel chocks or vehicle stabilization measures had been taken. The senior officer on the scene had 20 plus years of experience. Everyone must have ASSUMED that 'someone else' had already taken care of securing the vehicle."

Collectively, we must be aware of tunnel vision and that human error may occur because our nature is to focus on the obvious and forget about the "little things." We need to remember that competence in our individual abilities leads to confidence and courage in carrying out our tasks. This ultimately leads to a safer working environment.

"I thought he...she...they took care of that."

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After you have reviewed the entire report, consider the following questions.

1. Do your SOPs call for specific duties for each riding assignment? If so, could this same scenario occur in your department?
2. Does "seniority" play a role in complacency here?
3. Would a separate, designated incident scene safety officer be of any benefit here?
4. If stabilization was missed, what else may have been overlooked by the crews engaged in patient care?
5. Who would be the incident commander here; the engine officer, medic or the supervisor?

Related Reports- Topical Relation: Auto Accidents, Scene Communications, Task Allocation

[07-916](#)

[06-487](#)

[05-482](#)

Submit your report to www.firefighternearmiss.com today on a similar call you have run. Remember that the ROTW REWIND will appear the last Thursday of every month. Please email ROTW@firefighternearmiss.com with your feedback on ROTW REWIND.

Note: The questions posed by the reviewers are designed to generate discussion and thought in the name of promoting firefighter safety. They are not intended to pass judgment on the actions and performance of individuals in the reports.

If you would like to subscribe to the ROTW please e-mail ROTW@firefighternearmiss.com with "Subscribe" in the subject line.

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