

# Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#) for assistance completing the investigation and this form.

## 1. Employer's information

Employer's name (legal name and trade name) Fox US Productions 49 Inc.		
WorkSafeBC account number 963740	Operating location number	
Employer's head office address 2121 Avenue of the Stars		
City Los Angeles	Province CA	Postal code 90067
Employer's representative's name Jim Powers		Phone number (include area code) 310-699-3214
Email address Powers@me.com		

## 2. Injured persons

Last name	First name	Job title
a) <small>section 22</small>	<small>section 22</small>	Actor
b)		
c)		
d)		

## 3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates) Cache Creek Airport		
City (nearest) Cache Creek	Province BC	Postal code
Date of incident (yyyy-mm-dd) 2006-03-17	Time of incident 11:15	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## 4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input checked="" type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input checked="" type="checkbox"/> Injury requiring medical treatment beyond first aid

**An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.**

## 5. Report type (select all that apply)

If this is a revised version of a previous report, please check here

<input type="checkbox"/> Preliminary Investigation Report Report date (yyyy-mm-dd)  Only provide to a WorkSafeBC officer <b>if requested</b>  Officer's name Geoff Thompson	<input type="checkbox"/> Interim Corrective Action Report Report date (yyyy-mm-dd)	<input checked="" type="checkbox"/> <b>Full Investigation Report</b> Report date (yyyy-mm-dd) 2016-04-15 <b>Must be provided to WorkSafeBC within 30 days*</b> <b>Fax 1.866.240.1434</b> Date sent (yyyy-mm-dd) 2016-04-15	<input type="checkbox"/> Full Corrective Action Report Report date (yyyy-mm-dd)
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## 6. Witnesses

	Last name	First name	Job title
a)	section 22	section 22	section 22
b)			
c)			

## 7. Other persons whose presence might be necessary for proper investigation

	Last name	First name	Job title
a)	section 22	section 22	section 22
b)			

## 8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

Actor was to perform a scene in which he

section 22

section 22

The scene had been thoroughly rehearsed and successfully completed approximately five times prior to the accident.

A safety meeting was held on site prior to filming in which the length of the safety lanyard was discussed and demonstrated. Safety bulletins were issued to cast and crew.

**\*\*UPDATE\*\*** Please see Attachment "A"

## 9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

On preliminary investigation it appears that the Trailing Vehicle slowed prematurely.

## 10. Nature of the serious injury (optional — complete only if there has been an injury)

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## 11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

As the Moving Set Piece and Trailing Vehicle were slowing down at the conclusion of the shoot, the Trailing Vehicle slowed prematurely causing      
section 22 section 22

**\*\*UPDATE\*\*** - See Box 16 below

## 12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action <small>(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a) See Box 13 below			
b) <b>**UPDATE**</b> See Box 17 below			
c)			
d)			
e)			

## 13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

The Investigation is ongoing and causative factors and appropriate corrective actions remain under investigation. Until such time as the investigation identifies appropriate corrective action, the performance sequence will cease.

## 14. Persons who carried out or participated in the preliminary investigation

Representative	Name	Job title	Signature <small>(optional)</small>	Date signed <small>(yyyy-mm-dd)</small>
Employer representative <small>(required)</small>	Frank Litchauer	VP, Environmental, Health & Safety		
Worker representative <small>(required)</small>	<span style="background-color: #cccccc; padding: 0 20px;"> </span> <small>section 22</small>	Stunt Coordinator		
Other	Jim Powers	Unit Production Manager		
Other				

## End of report

**Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.**

**Note:** If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

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## 15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

1. The Trailing Vehicle slowed prematurely.

2.  section 22

## 16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

As the Moving Set Piece and Trailing Vehicle were slowing down at the conclusion of the shoot, the Trailing Vehicle slowed more quickly than the Moving Set Piece causing the two vehicles to separate  section 22

section 22

## 17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action <small>(Required in Full Report and Full Corrective Action Report.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a) See "Attachment A"			
b)			
c)			
d)			

## 18. Persons who carried out or participated in the full investigation

Representative	Name	Job title	Signature <small>(optional)</small>	Date signed <small>(yyyy-mm-dd)</small>
Employer representative <small>(required)</small>	Frank Litchauer	VP, Environmental, Health & Safety		
Worker representative <small>(required)</small>	<span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span> <small>section 22</small>	Stunt Coordinator		
Other	Jim Powers	Unit Production Manager		

## 19. Other relevant workplace parties

Company name	Contact person	Contact number or email address
a)		

## End of report

**Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.**

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days\* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

\* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

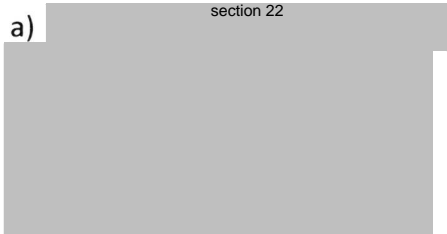
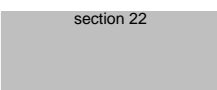
As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

**ATTACHMENT "A"**

**8. Sequence of events that preceded the incident (Update)**

Prior to filming there was a thorough review of the script, including how each scene would be shot. For the train sequence at issue, an animated version of the sequence was created (called a pre-visualization, or "pre-viz") as well as storyboards to ensure the scene was accomplished in a safe manner. The pre-viz and storyboards were thoroughly discussed shot-by-shot by relevant production personnel on several occasions to figure out, among other things, the methodology, elements and equipment required for every shot in the sequence. Several training sessions were held and rehearsals were successfully conducted days before the sequence was shot in which all equipment to be used, including safe operating perimeters for the sequence, were assessed to ensure safe operating conditions. Additionally, a safety meeting was held with cast and crew prior to the sequence and appropriate industry safety bulletins were attached to the call-sheet.

**17. Additional corrective actions necessary to prevent recurrence of similar incidents**

Additional corrective action	Action assigned to	Expected completion date	Completed date
a)  section 22	 section 22	Before filming recommences	
b)			
c)			